



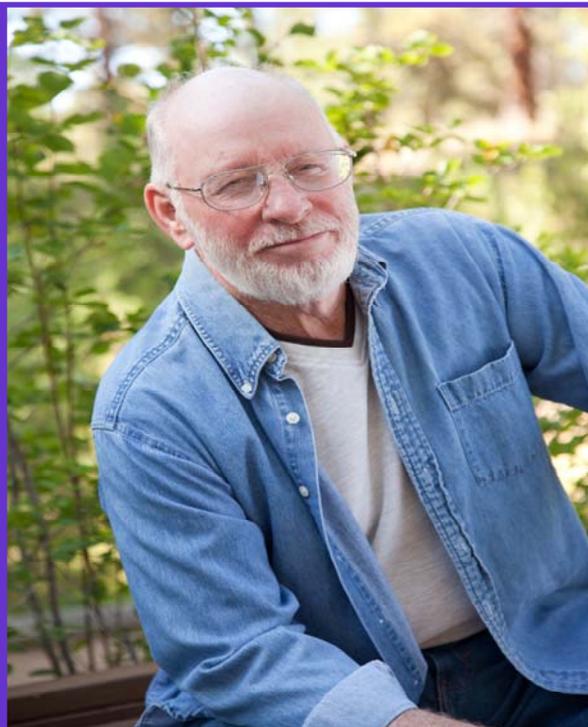
Suicide

in San Diego County

2000-2009



SEPTEMBER 2011



Suicide

in San Diego County

2000-2009

**County of San Diego
Health and Human Services Agency
Public Health Services**

September 2011

For additional information, contact:

Community Health Statistics Unit
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6479

www.SDHealthStatistics.com

Alan.Smith@sdcounty.ca.gov



Suggested Citation: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. (2011). *Suicide in San Diego County, 2000—2009*. Retrieved MM/DD/YY from www.SDHealthStatistics.com.

QR CODES:

QR codes are similar to barcodes. Use your smart phone to scan the QR Code and navigate directly to the report online for download. Download a free QR code reader from your app provider.





BILL HORN
CHAIRMAN
SUPERVISOR, FIFTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

September 26, 2011

Dear San Diego County Residents,

Suicide claims the life of one San Diegan per day and is the second leading cause of non-natural death across all age groups in San Diego County. Suicide takes an emotional toll on families and affects the wellbeing of the entire community. It also takes an economic toll, one that is borne by family members, businesses, social services, medical providers, and taxpayers.

The County of San Diego Health and Human Services Agency's "*Suicide in San Diego County*" details the local impact of this devastating problem. It indicates that suicide is more prevalent among certain populations and age groups. In San Diego County, adults between the ages of 25 and 54 have the highest number of suicides. Additionally, Caucasian men over the age of 65 have the highest rate of suicide. The overall suicide rate in the County has decreased in the past decade, and we must continue the community effort to further reduce these tragic incidents.

On July 13, 2010, the Board of Supervisors embarked on a ten-year plan called "*Live Well, San Diego!*" to guide County services in support of *Building Better Health*. Our vision is a San Diego County that is healthy, safe and thriving. Eliminating suicide is part of that vision.

I hope that this report will serve as a useful resource for mental and physical health providers. As well, it should also be a functional tool for public and private organizations in communities across our region to increase awareness and to provide help to suicidal individuals and their family members.

Sincerely,

BILL HORN
Chairman,
Supervisor, Fifth District
County of San Diego



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101-2417

(619) 515-6555 • FAX (619) 515-6556

NICK MACCHIONE, FACHE
DIRECTOR

DEAN ARABATZIS
CHIEF OPERATIONS OFFICER

September 26, 2011

Dear San Diegans,

The Health and Human Services Agency, including Public Health Services and Behavioral Health Services, is proud to release this report, "*Suicide in San Diego County*," in collaboration with the County Medical Examiner's Office. "*Live Well, San Diego!*" – the County's ten-year plan to promote healthy, safe and thriving communities – recognizes that mental health challenges are as important as physical illness in affecting the wellbeing of San Diegans. This report, "*Suicide in San Diego County*," draws attention to a continuing public health challenge by detailing the 3,368 suicides in our county from 2000 to 2009. By fully understanding and tracking the regional suicide problem, we will be able to more effectively target prevention efforts to vulnerable members of our community.

In order to tackle the problem of suicide in San Diego, services and programs must support the needs of individuals of all ages who are from diverse racial, ethnic, cultural, and linguistic backgrounds. A list of some of the available resources is included in this report, however, more may be found at www.up2sd.org, as part of the County's "It's Up to Us" mental health awareness campaign.

This report will be followed by the release of a suicide prevention action plan for San Diego County which will investigate needs and promote community action to address this critical public health issue. It is our sincere hope that these resources will be utilized to improve access to quality mental health support for all those in need so that they may live well in our communities.

Sincerely,

NICK MACCHIONE, MS, MPH, FACHE
Director

WILMA J. WOOTEN, MD, MPH
Public Health Officer

MARSHALL LEWIS, MD
Clinical Director
Behavioral Health Services

GLENN N. WAGNER, DO
Medical Examiner

Table of Contents

Suicide in San Diego County 2000-2009

Acknowledgements	viii
Executive Summary	ix
Key Findings	xi
Section 1: All Ages	1
Leading Causes of Non-Natural Death	2
Table 1.1: Leading Causes of Non-Natural Death by Age Group of Victim, County of San Diego, 2000—2009	
Suicides by Age Group and Year	3
Table 1.2: Suicides by Age Group and Year: 1990 – 2009	
Table 1.3: Suicide Rates by Age Group and Year: 1990 - 2009	
Comparison with California and the United States	4
Figure 1.1: Age-Adjusted Suicide Rates, San Diego, California, and the U.S., 1979 - 2006	
Suicide by Age and Gender	5
Figure 1.2: Suicide Rates by Age and Gender, San Diego County, 2000 – 2009	
Table 1.4: Suicides by Age and Gender	
Race/Ethnicity	6
Figure 1.3: Suicide Rates by Race/Ethnicity: 2000 - 2009	
Table 1.5: Suicides by Race/Ethnicity and Gender	
Suicide Methods	7
Figure 1.4: Suicide Methods	
Figure 1.5: Suicide Methods by Year, 1990 – 2009	
Table 1.6: Suicide Methods by Year, 1990 – 2009	
Month	9
Figure 1.6: Average Number of Suicides per Day, by Month, San Diego County, 2000 - 2009	
Table 1.7: Suicides by Month and Gender	
Toxicology by Gender	10
Figure 1.8: Toxicology Results for Alcohol and Drugs of Abuse by Gender, All Ages, 2004 - 2009	
Geographic Distribution	11
Figure 1.9: Suicide Rate: San Diego County by Health Service Region: All Ages, 2000 – 2009	
Table 1.8: Suicides by San Diego County Health Service Region, 2000 - 2009	

Section 2 — Adolescents and Young Adults	12
Comparison with California and the United States	13
Figure 2.1: Suicide Rates, Age 15-24 Years, San Diego, California, and the U.S., 1979 - 2006	
Youth Risk Behavior Survey	14
Figure 2.2: San Diego Youth Risk Behavior Survey, Percent of Students Who Attempted Suicide in the Previous 12 Months	
Annual Rates	15
Figure 2.3: Annual Suicide Rates by Gender, Age 15 – 24 Years Table 2.1: Annual Suicide Number and Rate, Age 15 – 24 Years	
Race/Ethnicity	16
Figure 2.4: Suicide Rates by Race/Ethnicity, Age 15 – 24 Years Table 2.2: Suicides by Race/Ethnicity and Gender, Age 15 – 24 Years	
Suicide Methods	17
Figure 2.5: Suicide Methods, Age 15 – 24 Years	
Month	18
Figure 2.6: Suicides by Month, Age 15 – 24 Years	
Toxicology by Gender	19
Figure 2.7: Toxicology Results for Alcohol and Drugs of Abuse by Gender, Age 15 – 24 Years, 2004 – 2009	
Geographic Distribution	20
Figure 2.8: Suicide Rate, San Diego County by Health Service Region, Age 15-24, 2000 – 2009 Table 2.3: Suicides by San Diego County Health Service Region, Age 15 - 24, 2000 - 2009	
Section 3 — Working-Aged Adults	21
Comparison with California and the United States	22
Figure 3.1: Suicide Rates, Age 25-64 Years, San Diego, California, and the U.S., 1979 - 2006	
Annual Rates	23
Figure 3.2: Annual Suicide Rates by Gender, Age 25 – 64 Years Table 3.1: Annual Suicide Number and Rate, Age 25 – 64 Years	
Race/Ethnicity	24
Figure 3.3: Suicide Rates by Race/Ethnicity, Age 25 – 64 Years Table 3.2: Suicides by Race/Ethnicity and Gender, Age 25 – 64 Years	
Marital Status	25
Figure 3.4: Suicide Rates by Marital Status, Age 25 – 64 Years Table 3.3: Suicides by Marital Status and Gender, Age 25 – 64 Years	
Suicide Methods	26
Figure 3.5: Suicide Methods, Age 25 – 64 Years	

<p>Month Figure 3.6: Suicides by Month, Age 25 – 64 Years</p>	27
<p>Toxicology by Gender Figure 3.7: Toxicology Results for Alcohol and Drugs of Abuse by Gender, Age 25 – 64 Years, 2004 - 2009</p>	28
<p>Geographic Distribution Figure 3.8: Suicide Rate, San Diego County by Health Service Region, Age 25 – 64, 2000 – 2009 Table 3.4: Suicides by San Diego County Health Service Region, Age 25 – 64, 2000 - 2009</p>	29
Section 4 — Older Adults	
<p>Comparison with California and the United States Figure 4.1: Suicide Rates, Age 65 Years and Older, San Diego, California, and the U.S., 1979 - 2006</p>	31
<p>Annual Rates Figure 4.2: Annual Suicide Rates by Gender, Age 65 Years and Older Table 4.1: Annual Suicide Number and Rate, Age 65 Years and Older</p>	32
<p>Race/Ethnicity Figure 4.3: Suicide Rates by Race/Ethnicity, Age 65 Years and Older Table 4.2: Suicides by Race/Ethnicity and Gender, Age 65 Years and Older</p>	33
<p>Marital Status Figure 4.4: Suicide Rates by Marital Status, Age 65 Years and Older Table 4.3: Suicides by Marital Status and Gender, Age 65 Years and Older</p>	34
<p>Suicide Methods Figure 4.5: Suicide Methods, Age 65 Years and Older</p>	35
<p>Month Figure 4.6: Suicides by Month, Age 65 Years and Older</p>	36
<p>Toxicology by Gender Figure 4.7: Toxicology Results for Alcohol and Drugs of Abuse by Gender, Age 65 Years and Older, 2004 - 2009</p>	37
<p>Geographic Distribution Figure 4.8: Suicide Rate, San Diego County by Health Service Region, Age 65+, 2000 – 2009 Table 4.4: Suicides by San Diego County Health Service Region, Age 65 Years and Older, 2000 – 2009</p>	38
Suicide Prevention Resources	
	39

Acknowledgements

This report represents a collaborative effort between many dedicated individuals. We gratefully acknowledge the contributions of the following departments and people:

County of San Diego Emergency Medical Services

Alan Smith, PhD, MPH, Epidemiologist II
Barbara Stepanski, MPH, Epidemiologist II
Isabel Corcos, PhD, MPH, Spatial Epidemiologist
Julie Cooke, MPH, CPH, Biostatistician, Community Health Statistics
Leslie Ray, MPH, MPPA, MA, Senior Epidemiologist, Emergency Medical Services and Community Health Statistics
Bruce Even, Supervising Health Information Specialist

County of San Diego Medical Examiner's Office

Glenn Wagner, DO, Chief Medical Examiner
Christina Stanley, MD, Chief Deputy Medical Examiner

County of San Diego Behavioral Health Services

Jennifer Schaffer, PhD, Director
Marshall Lewis, MD, Clinical Director
Alfredo Aguirre, LCSW, Mental Health Director

Community Health Improvement Partners (CHIP), Suicide Prevention Action Plan Committee

Co-chairs: Beth Sise, RN, JD, Scripps Mercy Hospital
Carol Skiljan, Yellow Ribbon Program

Facilitator: Holly Shipp, MPH, , Director of Strategic Outcomes, CHIP

We are particularly grateful for the guidance and support of:

Wilma Wooten, MD, MPH, Public Health Officer, County of San Diego
Eric McDonald, MD, MPH, Deputy Public Health Officer, County of San Diego
Marcy Metz, RN, CEN, Chief of Emergency Medical Services, County of San Diego

An effort of this magnitude requires visionary leadership. We are fortunate to have Nick Macchione as the Director of the Health and Human Services Agency and Dr. Wilma J. Wooten as the Public Health Officer and Director of Public Health Services.

Executive Summary

This report summarizes data collected by the County of San Diego Medical Examiner's Office on all suicides that occurred in the county between 2000 and 2009. The Medical Examiner's database includes a wealth of information on every case, from the individual's demographic and medical background, to the circumstances and events leading up to the death, to the findings from the autopsy and toxicology results.

Suicide takes the life of one person in San Diego County every day, on average. As a cause of non-natural death, suicide ranks second, behind only drug/alcohol overdoses, and ahead of motor vehicle crashes. There are 2.6 times more suicides than homicides.

Suicide hits men especially hard, with a rate (17 per 100,000) three times higher than the rate among women. The rate among men aged 85 and older (67 per 100,000) is six times the overall county rate.

The racial/ethnic distribution of suicide is weighted heavily toward the white population. Whites account for 80% of suicides although they comprise only 52% of the total county population. The suicide rate for whites (17 per 100,000) is more than twice as high as any other racial or ethnic group. This disparity is much more pronounced among older adults, where the rate among whites (24 per 100,000) is five times the rate of non-white populations.

Firearms remain the leading mechanism of suicide, with 40% of all suicides and 46% of male suicides. This is followed by overdose/poison (21% overall, 42% of females) and hanging or asphyxia (22% of all suicides). The firearm suicide rate has dropped by one-third over the past twenty years, while other suicide methods have remained stable.

Substance use and abuse contributes substantially to suicide in San Diego County. Toxicology testing confirmed alcohol or drugs in 61% of males and 71% of females who died from suicide between 2004 and 2009.

Suicide takes the life of one person in San Diego County every day.



Suicide hits men very hard, with a rate three times higher than women.

Executive Summary

The promising news is that there has been an overall reduction in suicide rates over the past twenty years. The average annual rate between 2005 and 2009 (11.1) was 20% lower than between 1990 and 1994 (13.9 per 100,000 population). This was associated with a 38% decline in the rate among adults 65 years and older. While still lower than in the early 1990s, recently suicide rates have begun to rise from 10.2 in 2006 to 11.9 per 100,000 in 2009, driven in part by a 40% increase in the rate for adults aged 25 to 64.



As daunting as the numbers seem, suicide is preventable. The County of San Diego Health and Human Services Agency has partnered with Community Health Improvement Partners (CHIP) to bring together local leaders in suicide prevention and mental health with the common goal of eliminating suicide in San Diego County. A needs assessment was released in March, and the full suicide prevention action plan for the community will be published later in 2011.

Several groups have specific issues that may increase their risk for suicide. Veterans, military personnel, prisoners, lesbian/gay/bisexual/transgender (LGBT) individuals, young people transitioning to life away from home, and survivors of a loved one's suicide are just a few groups that face elevated suicide risk. The details of suicide rates among these groups are beyond the scope of this report, but tailored resources are available to anybody in need of help. Many of these resources are listed at the end of this document.

There is
promising
news:



**Suicide rates
in the last
five years
are 20%
lower than
20 years
ago.**

Key Findings

The following are key findings from the Suicide Report for San Diego County, 2000-2009:

- From 2000 to 2009, 3,368 people died from suicide in San Diego County.
- Suicide was the second leading cause of non-natural death from 2000 to 2009, behind unintentional drug/alcohol overdose (3,491) and ahead of motor vehicle crashes (3,305).
- The trend for suicide over the past twenty years is downward, with the average rate from 2005 to 2009 (11.1 per 100,000) 20% lower than the average rate from 1990 to 1994 (13.9 per 100,000).
- The suicide rate has started to slowly rise again over the past three years, with the rate in 2009 17% higher than the rate in 2006 (11.9 vs. 10.2 per 100,000, respectively).
- Men aged 85 and older had the highest suicide rates (67 per 100,000).
- Males die from suicide at a rate three times higher than that for females.
- Firearms are the most commonly used method of suicide, accounting for 40% of suicides. The percentage of suicides using firearms has dropped since the mid 1990s, when 50% of suicides were committed using firearms.
- Among females, overdose/poisoning was the most commonly used method of suicide (42%).
- The white population (17 per 100,000) had higher rates of suicide than black (7 per 100,000), Asian/Other groups (5.7 per 100,000) or Hispanic (4 per 100,000).
- Suicide rates are the highest among the divorced, separated, and widowed; rates are lowest among the married.
- In San Diego County, the highest rates of suicide through age 64 were in the East health service region. Among older adults, the North Coastal health service region had the highest suicide rate.

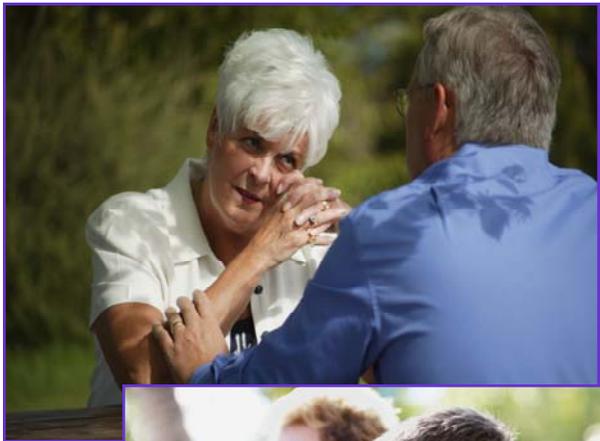
Men aged 85 and older had the highest suicide rates (67 per 100,000).

Suicide

in San Diego County

2000-2009

Section 1 All Ages



Leading Causes of Non-Natural Death

In San Diego County, suicide ranked as the second leading cause of non-natural death for all ages from 2000–2009, slightly behind unintentional drug or alcohol overdoses, and followed by motor vehicle crashes and falls.

- Among young people ages 10 to 19, suicide was either the second or third leading cause of non-natural death.
- Among the population ages 20 to 64, suicide was the second leading cause of non-natural death.
- Among the population ages 65 to 74, suicide was the leading cause of non-natural death.
- Among older adults ages 75 and up, suicide was the second leading cause of non-natural death.

Table 1.1: Leading Causes of Non-Natural Death by Age Group of Victim County of San Diego, 2000 - 2009*					
Age Group of Victim	Rank of Cause of Death				
	1	2	3	4	5
0-4	Drown 59	Homicide 57	Motor Vehicle 42	Asphyxia 29	Drug/Alcohol OD 16
5-9	Motor Vehicle 38	Drown 6	Asphyxia 4	Homicide 3	Burn 2
10-14	Motor Vehicle 44	Suicide 14	Homicide 13	Drown 3	Hang 3
15-19	Motor Vehicle 331	Homicide 170	Suicide 109	Drug/Alcohol OD 40	Drown 22
20-24	Motor Vehicle 513	Suicide 244	Homicide 213	Drug/Alcohol OD 133	Exposure 23
25-34	Motor Vehicle 508	Suicide 486	Drug/Alcohol OD 461	Homicide 259	Drown 41
35-44	Drug/Alcohol OD 883	Suicide 648	Motor Vehicle 470	Homicide 197	Fall 60
45-54	Drug/Alcohol OD 1329	Suicide 740	Motor Vehicle 451	Fall 171	Homicide 145
55-64	Drug/Alcohol OD 514	Suicide 477	Motor Vehicle 329	Fall 221	Homicide 68
65-74	Suicide 248	Fall 246	Motor Vehicle 206	Medical 86	Drug/Alcohol OD 69
75-84	Fall 676	Suicide 252	Motor Vehicle 216	Medical 79	Asphyxia 47
85+	Fall 949	Suicide 140	Motor Vehicle 126	Medical 31	Asphyxia 30
Total†	Drug/Alcohol OD 3491	Suicide 3368	Motor Vehicle 3305	Fall 2397	Homicide 1273

Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner database, 2000 - 2009

Note: Age detail not available for open or sealed cases.

*Closed ME cases as of September 8, 2010.

†Totals include cases with unknown age, as well as open and sealed cases for which age group detail was unavailable.

Suicides by Age Group and Year

The rate of suicide tells us how many suicides there were in proportion to the total population. The 377 deaths from suicide in 2009 was the most for any given year of the past 20 years. However, because the population has increased, the rate is actually lower than it was during most of the 1990s.

In San Diego County, there were a total of 36 suicides among children 14 years and under from 1990 through 2009, an average of less than two per year. While each suicide is in itself significant, this relatively small number does not lend itself to reliable annual data that can support statistical conclusions.

**Table 1.2: Suicides by Age Group and Year:
1990 – 2009**

Age Groups	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total
15-19	13	20	14	11	15	23	18	10	16	10	13	11	13	10	14	5	17	12	4	10	259
20-24	37	17	22	31	31	25	21	27	25	14	28	21	21	29	20	22	29	24	26	24	494
25-34	66	72	60	92	80	61	68	64	59	54	54	49	55	59	49	40	37	45	47	51	1162
35-44	68	82	78	79	69	88	75	84	71	54	77	70	64	67	62	66	46	67	73	56	1396
45-54	36	41	42	46	49	48	56	54	52	65	72	69	68	65	68	78	59	83	88	90	1229
55-64	39	28	33	37	33	33	36	30	35	26	37	36	51	32	37	35	47	57	68	77	807
65-74	41	37	42	32	37	36	32	37	24	26	23	28	15	24	27	27	27	25	24	28	592
75-84	32	33	33	30	32	38	31	36	32	32	28	26	21	31	23	26	28	29	19	21	581
85+	15	20	16	17	11	6	12	11	14	12	14	10	15	11	12	14	20	15	15	14	274
Total	348	353	344	375	365	361	352	354	330	296	347	323	325	329	314	317	312	358	366	377	6846

Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner Database, 1990 – 2009
 Note: Total includes those with unknown age and younger than 15 years.

**Table 1.3: Suicide Rates[†] by Age Group and Year:
1990 – 2009**

Age Groups	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total
15-19	7.3	11.3	7.7	6.0	8.2	12.5	9.7	5.3	8.4	5.1	6.5	5.3	6.1	4.5	6.2	2.2	7.3	5.2	*	4.2	6.3
20-24	14.8	6.8	8.9	12.6	12.7	10.4	8.8	11.3	10.4	5.8	12.1	9.0	8.8	12.0	8.3	9.2	12.1	10.2	10.6	9.6	10.2
25-34	13.3	14.7	12.5	19.3	16.9	13.1	14.7	13.9	12.8	11.7	12.2	10.9	12.0	12.6	10.4	8.6	8.2	10.3	10.4	11.2	12.5
35-44	17.9	21.2	19.6	19.6	17.0	21.5	18.2	20.0	16.6	12.3	16.8	15.3	13.9	14.6	13.3	14.2	10.0	14.5	15.8	12.4	16.1
45-54	16.3	17.3	16.4	17.2	17.9	17.1	19.5	18.2	16.9	20.2	20.4	18.9	18.1	16.8	17.0	19.0	14.0	19.1	20.0	20.1	18.1
55-64	22.2	15.5	17.8	19.8	17.5	17.5	19.0	15.6	17.9	13.0	18.1	17.1	22.7	13.4	14.6	13.1	16.7	19.1	22.1	23.9	18.0
65-74	25.6	22.8	25.9	19.9	23.1	22.6	20.1	23.2	14.9	16.0	14.4	17.5	9.4	15.0	16.8	16.7	16.5	14.9	13.9	15.6	18.2
75-84	39.1	37.4	35.8	31.7	33.2	38.8	31.2	35.3	30.3	29.3	23.9	21.8	17.3	25.2	18.7	20.9	22.5	23.0	15.3	16.9	26.5
85+	65.6	76.2	58.0	59.7	37.7	20.2	39.6	35.2	43.4	35.7	38.5	26.2	37.3	25.9	26.7	28.8	38.5	26.2	25.2	22.4	35.4
Total	13.9	14.0	13.4	14.5	14.0	13.8	13.4	13.3	12.2	10.8	12.3	11.3	11.2	11.1	10.4	10.4	10.2	11.6	11.6	11.9	12.2

[†]Rates per 100,000

*Rates not calculated for fewer than five incidents or when denominator is unknown.

Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner Database, 1990 – 2009

Note: Total includes those with unknown age and younger than 15 years.

Comparison with California and the United States

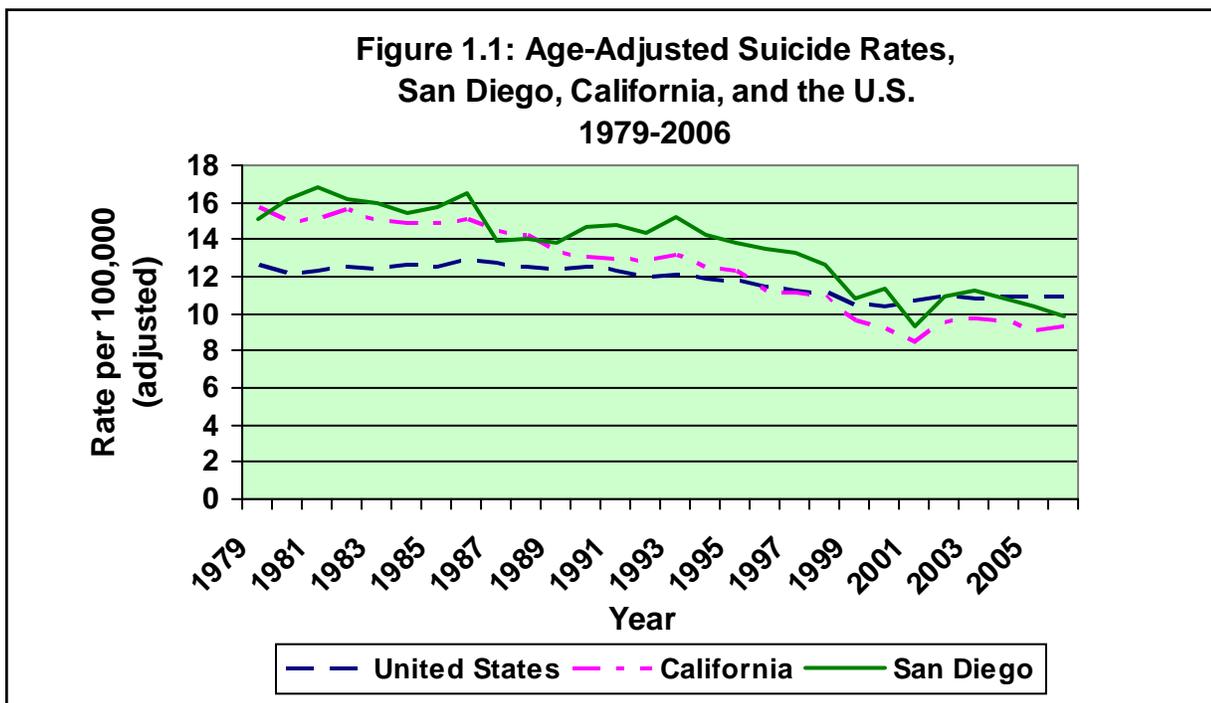
Data from the Centers for Disease Control and Prevention (CDC) in Figure 1.1 show that between 1979 and 2006, the age-adjusted suicide rate for San Diego County is higher on average than California and the United States. Over this period, the mean age-adjusted suicide rate per 100,000 for San Diego was 13.8 compared to 12.4 for California and 11.8 for the United States.

Since 1979, the age-adjusted suicide rates for San Diego and California have fallen faster than the United States so their rates are now below the national rate. The most recent available national data show that in 2006 the age-adjusted suicide rate per 100,000 for San Diego was 9.9 compared to 9.3 for California and 10.9 for the United States.

Our county, our state and the nation as a whole must gear up to make a significant impact on the suicide problem.

The CDC set an age-adjusted target of 5 suicides per 100,000 in its Healthy People (HP) 2010 report and has retained this goal for HP 2020. In order to meet this goal, our county, our state, and our nation must devote significant effort toward suicide prevention.

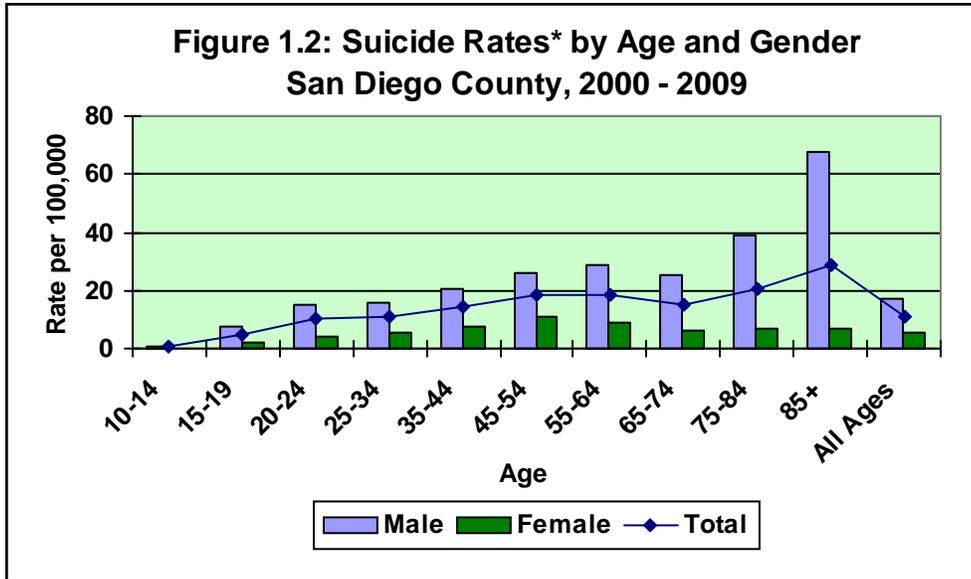
Age-adjusted rates are used to compare communities with different age distributions by statistically creating rates that reflect the same age distribution as the US 2000 population. In other words, to compare the rate of suicide as if every community had the same number of people in each age group. The age-adjusted rates for San Diego may be higher or lower than the unadjusted rates due to differences in rates between age groups. The rest of this report uses actual or age-specific rates which reflect the true occurrence of suicide in San Diego County.



Source: CDC Wonder Compressed Mortality Database, 1979 - 2006
¹www.cdc.gov/mortsql.html

Suicide by Age and Gender

In San Diego County from 2000 through 2009, the annual suicide rate averaged 11.2 per 100,000 people. The male suicide rate was more than three times higher than the rate among females, and increased dramatically in older age groups. In contrast to males, who were at greatest risk of committing suicide when they reached the oldest age groups, the female suicide rate was highest in the 45 to 54-year age group.



*Annualized rates per 100,000 population
Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2009

The male suicide rate was more than three times higher than the rate among females.

The female suicide rate was highest in the 45 to 54-year age group.

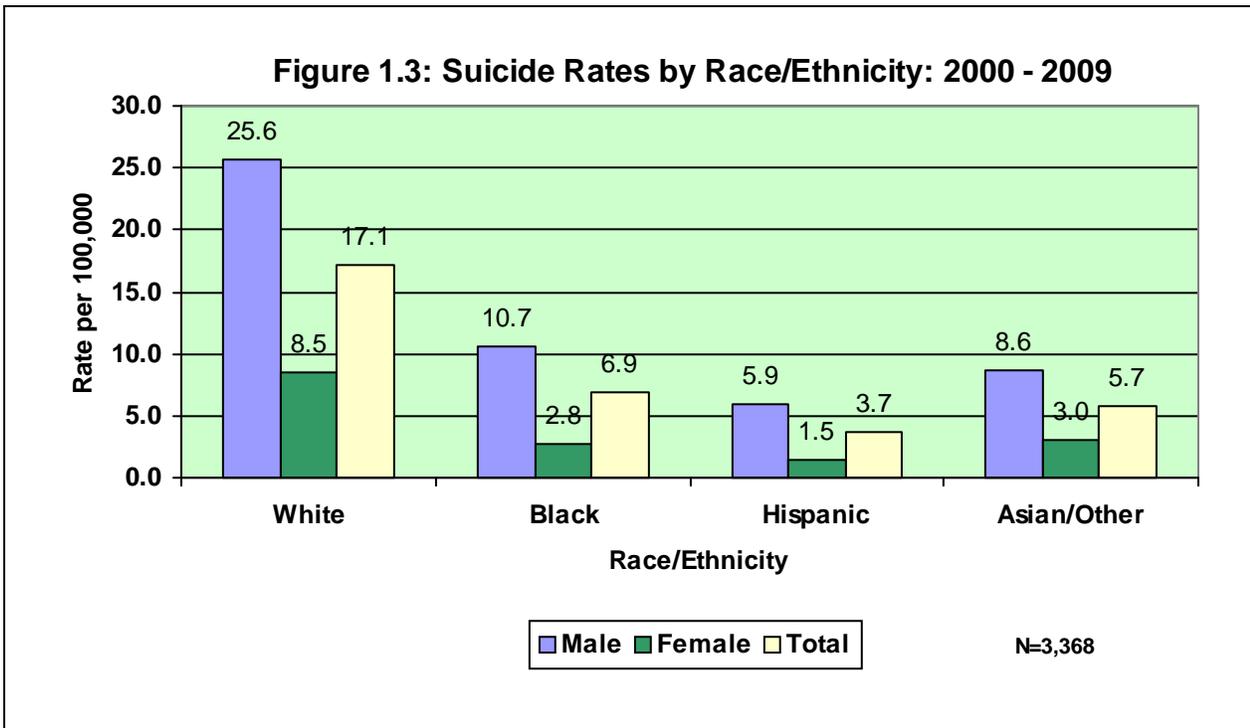
Table 1.4: Suicides by Age and Gender

Age Group	Male		Female		Total	
	Number	Rate [†]	Number	Rate	Number	Rate
10-14	10	0.93	4	*	14	0.66
15-19	89	7.56	20	1.88	109	4.86
20-24	203	15.14	41	3.88	244	10.18
25-34	374	15.79	112	5.14	486	10.69
35-44	482	20.75	166	7.28	648	14.08
45-54	517	26.10	223	10.87	740	18.35
55-64	357	28.52	120	8.83	477	18.27
65-74	192	25.61	56	6.25	248	15.08
75-84	201	39.01	51	7.17	252	20.54
85+	118	67.86	22	7.14	140	29.04
Unknown	9	*	1	*	10	*
Total	2552	16.93	816	5.43	3368	11.19

[†]Rate per 100,000
*Rates not calculated for fewer than five incidents or when the denominator is unknown.
Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 - 2009

Race/Ethnicity

The suicide rate among whites was more than two times higher than the rate for the black population, which had the second highest suicide rate. Both genders were at increased risk in the white population compared with other racial/ethnic groups, and males were substantially more at risk of committing suicide among all groups.



Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 - 2009

Race/Ethnicity	Male		Female		Total	
	Number	Rate [†]	Number	Rate	Number	Rate
White	2024	25.62	664	8.53	2688	17.14
Black	91	10.66	21	2.75	112	6.93
Hispanic	253	5.88	63	1.46	316	3.67
Asian/Other	173	8.61	65	3.02	238	5.71
Unknown	11	*	3	*	17	*
Total	2552	16.94	816	5.43	3368	11.19

[†]Rate per 100,000

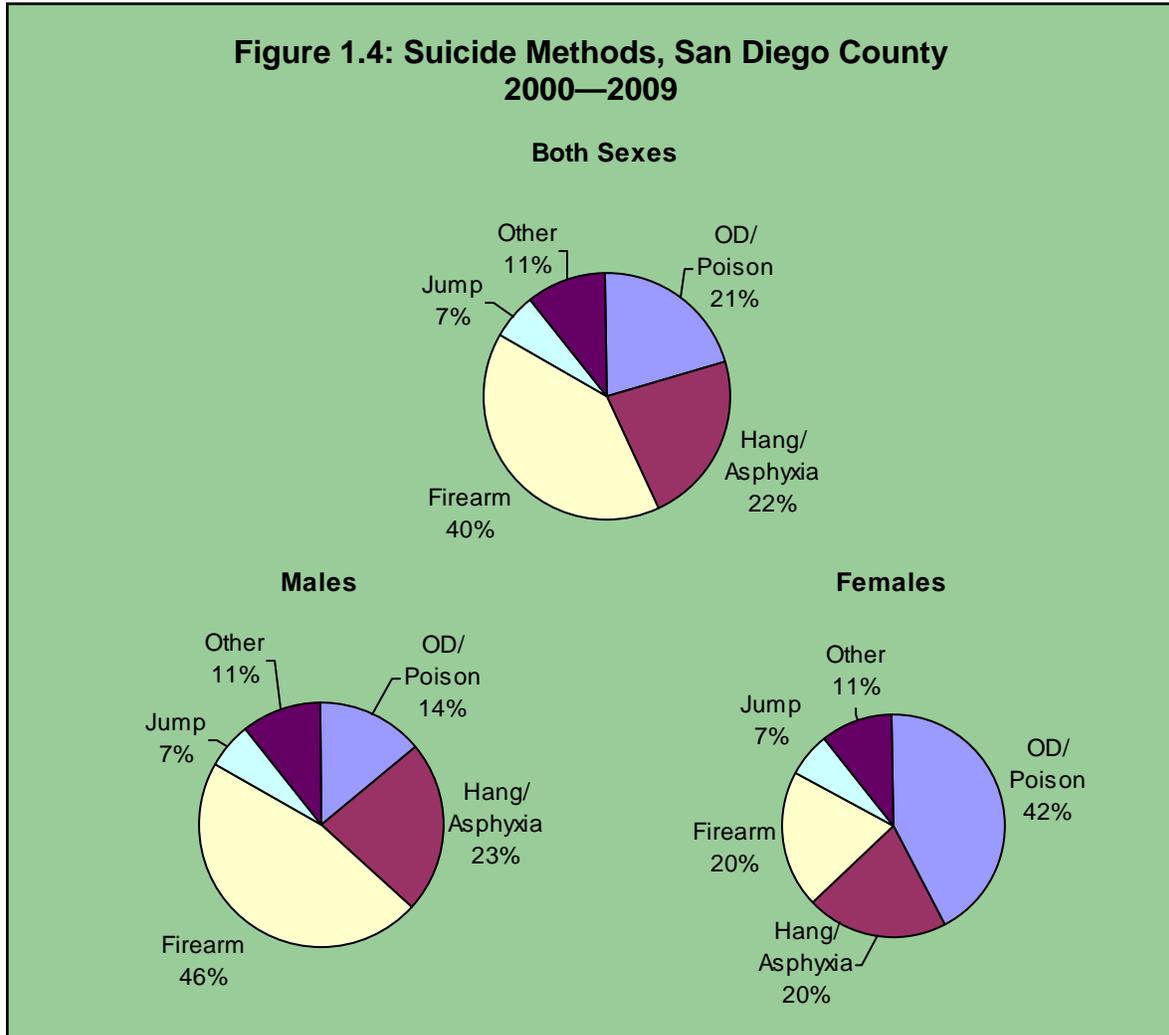
*Rates not calculated for fewer than five events or when the denominator is unknown.

Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 - 2009

The suicide rate among whites was more than two times higher than the rate for any other race/ethnicity.

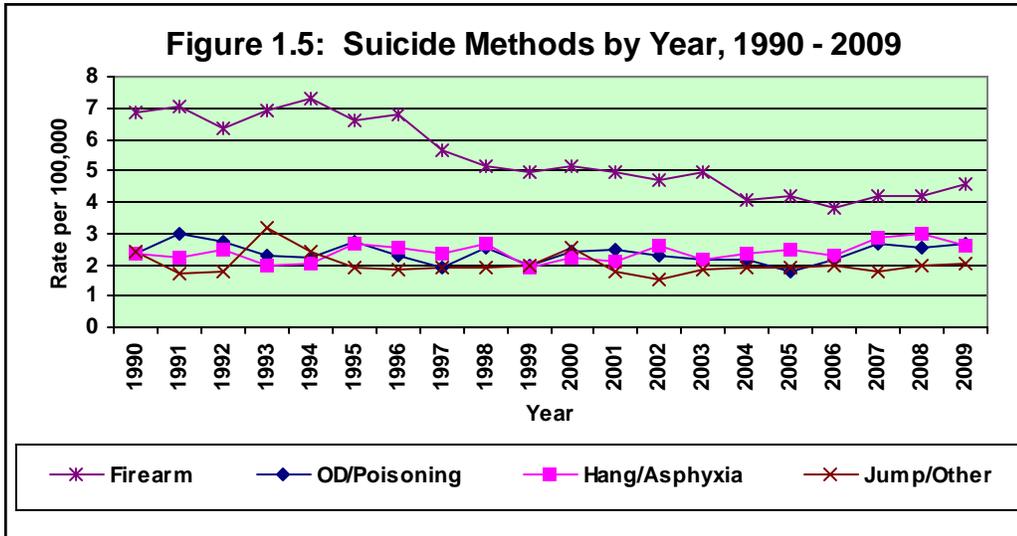
Suicide Methods

Firearms are still the leading method of completed suicide, accounting for 41% of suicides overall and nearly half of suicides committed by males. Females more often used drugs or poisons to commit suicide (42%).



Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner's Database, 2000 - 2009

Although firearms continue to be the leading mechanism of suicide, the rate of suicides by firearms dropped by one-third from 1990 to 2009. Over the same period of time, the rate of suicide by hanging/ asphyxia increased by 13%, and the OD/poisoning suicide rate increased by 14%.



The rate of suicides by firearms dropped by one-third from 1990 to 2009.

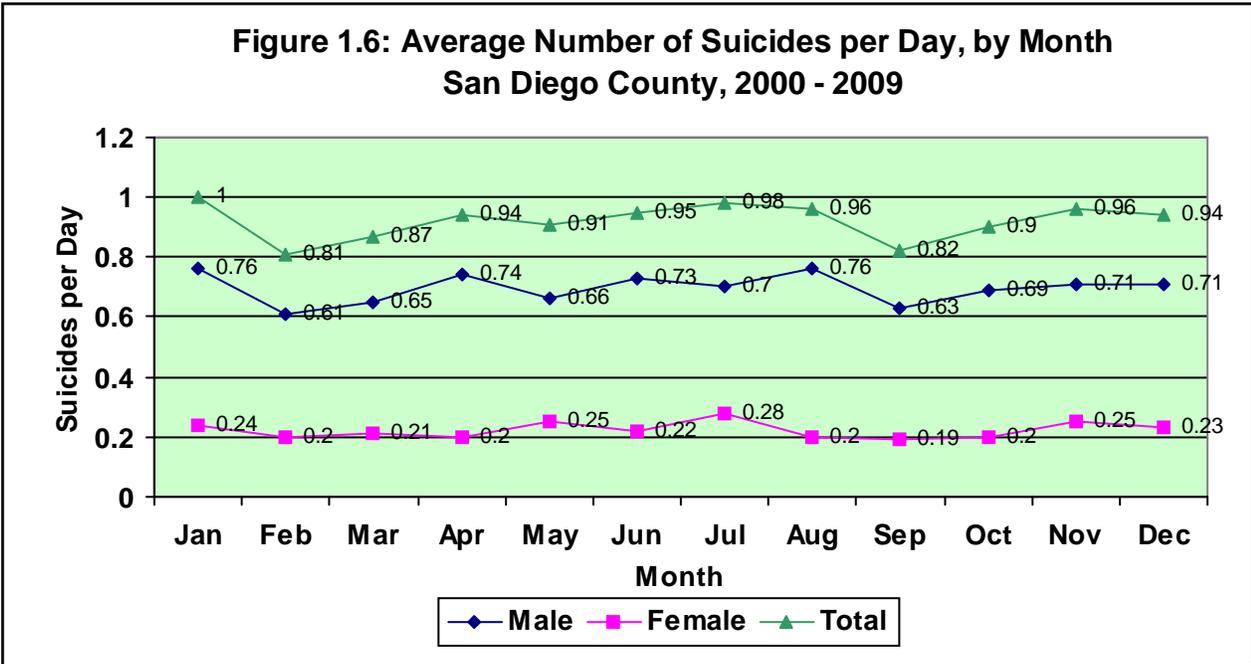
Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner's Database, 2000 - 2009

Year	Firearms		OD/Poisoning		Hang/Asphyxia		Jump/Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1990	171	49.1	59	17.0	58	16.7	60	17.2
1991	178	50.4	75	21.2	56	15.9	44	12.5
1992	164	47.7	71	20.6	64	18.6	45	13.1
1993	180	48.0	60	16.0	52	13.9	83	22.1
1994	191	52.3	58	15.9	53	14.5	63	17.3
1995	172	47.6	71	19.7	69	19.1	49	13.6
1996	178	50.6	60	17.0	66	18.8	48	13.6
1997	149	47.5	51	16.2	63	20.1	51	16.2
1998	139	42.1	68	20.6	72	21.8	51	15.5
1999	136	45.9	54	18.2	52	17.6	54	18.2
2000	145	41.8	68	19.6	63	18.2	71	20.5
2001	142	44.0	70	21.7	60	18.6	51	15.8
2002	137	42.2	67	20.6	76	23.4	45	13.8
2003	146	44.4	64	19.5	65	19.8	54	16.4
2004	122	38.9	65	20.7	70	22.3	57	18.2
2005	127	40.1	56	17.7	76	24.0	58	18.3
2006	116	37.2	66	21.2	71	22.8	59	18.9
2007	132	36.9	83	23.2	88	24.6	55	15.4
2008	132	36.1	79	21.6	94	25.7	61	16.7
2009	145	38.5	85	22.5	83	22.0	64	17.0
Total	3002	44.1	1330	19.5	1351	19.9	1123	16.5

Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner's Database, 1990 - 2009

Month

Suicide is commonly thought to vary depending on the time of the year, but the data from San Diego County does not reflect a strong seasonal pattern. Figure 1.6 shows the average number of suicides per day in San Diego County for each month from 2000 through 2009.



Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2009

Table 1.7: Suicides by Month and Gender, 2000—2009

Month	Male		Female		Total	
	Number	Avg/day	Number	Avg/day	Number	Avg/day
Jan	235	0.76	74	0.24	309	1.00
Feb	174	0.61	56	0.20	230	0.81
Mar	203	0.65	67	0.22	270	0.87
Apr	222	0.74	59	0.20	281	0.94
May	205	0.66	76	0.25	281	0.91
Jun	220	0.73	66	0.22	286	0.95
Jul	217	0.70	87	0.28	304	0.98
Aug	236	0.76	63	0.20	299	0.96
Sep	189	0.63	58	0.19	247	0.82
Oct	215	0.69	63	0.20	278	0.90
Nov	214	0.71	75	0.25	289	0.96
Dec	219	0.71	72	0.23	291	0.94
Total*	2552	0.70	816	0.22	3368	0.92

Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2009

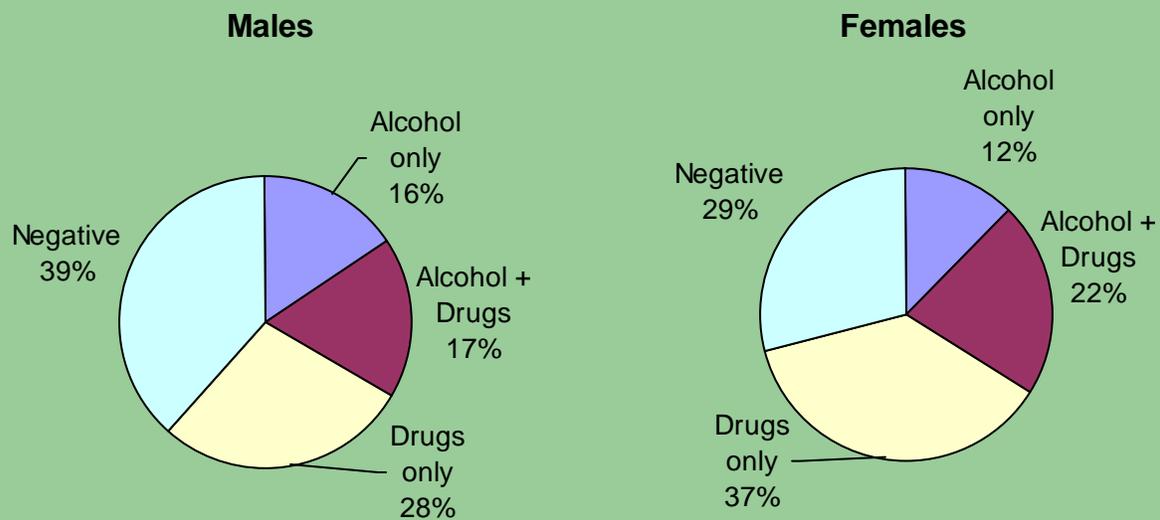
*Totals include three cases with unspecified dates of death.

The data from San Diego County does not reflect a strong seasonal pattern.

Toxicology by Gender

The following graphs show the percentage of suicide victims who tested positive for alcohol and/or common drugs of abuse from 2004 through 2009. Approximately 61% of men and 71% of women tested positive for at least one of these substances. The actual number of individuals with any kind of drug in their systems may have been higher, since the screen for drugs of abuse does not include many prescription and over-the-counter drugs.

Figure 1.8: Toxicology Results for Alcohol and Drugs of Abuse by Gender, All Ages, 2004 - 2009



Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2004 – 2009

Note: "Drugs of Abuse" includes methamphetamine, opiates, cocaine, cannabinoids, and benzodiazepines. This graph does not include antidepressants.

Geographic Distribution

The suicide rate was highest in the Central and East regions of the county, and lowest in the South region.

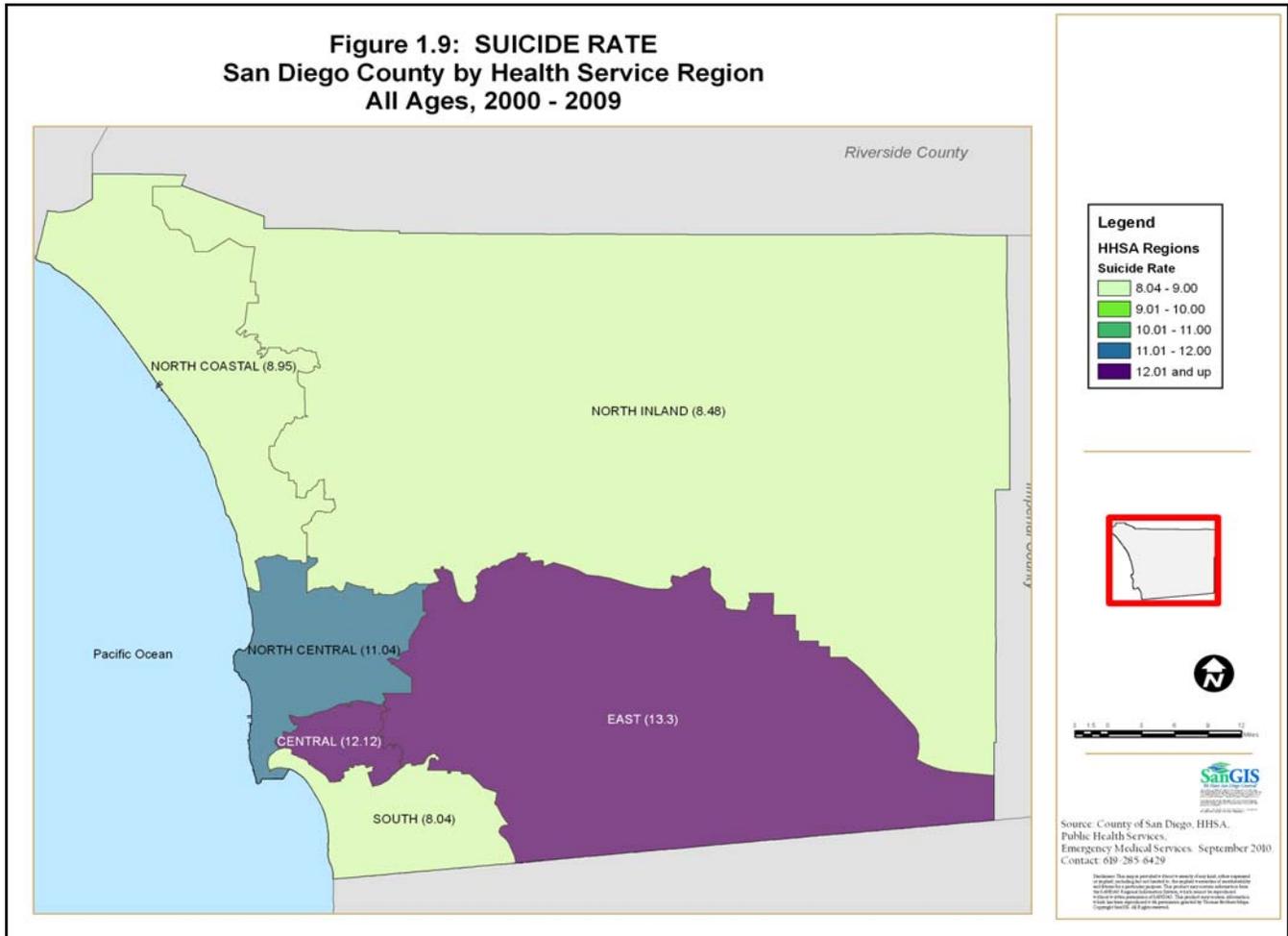


Table 1.8: Suicides by San Diego County Health Service Region, 2000 - 2009

Health Service Region	Number	Rate [†]
North Coastal	451	8.95
North Central	624	11.04
Central	583	12.12
South	348	8.04
East	610	13.30
North Inland	483	8.48
Unknown	266	*
Total	3368	11.19

[†]Rate per 100,000

*Rates not calculated for fewer than five incidents or when the denominator is unknown.

Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 - 2009

Suicide

in San Diego County

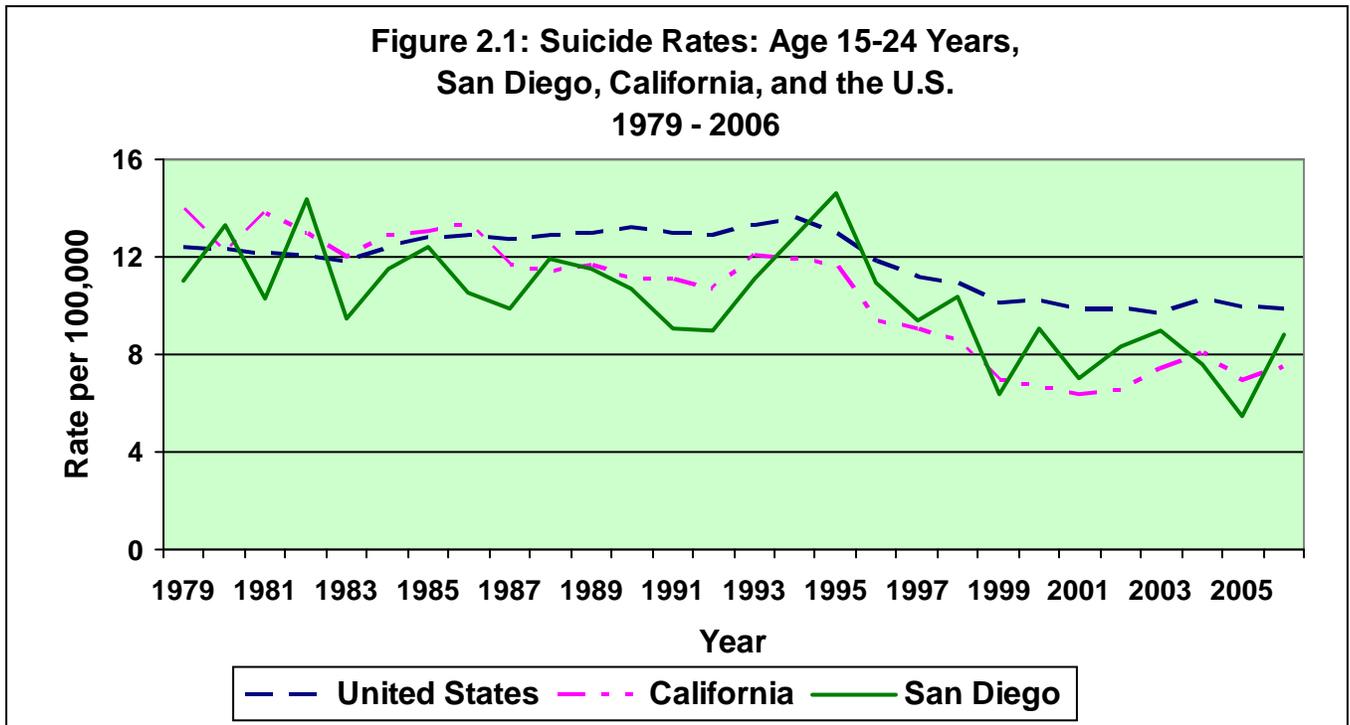
2000-2009

Section 2 Adolescents and Young Adults



Comparison with California and the United States

Suicide rates in teens and young adults over the past two decades have seen an overall decline, but remain at levels that are unfortunately too high. The average rate per 100,000 from 1979 to 2006 among young people in San Diego County (10.4) was comparable to the rates for California (10.2) and the United States (11.8).



Source: CDC Wonder Compressed Mortality Database, 1979 - 2006

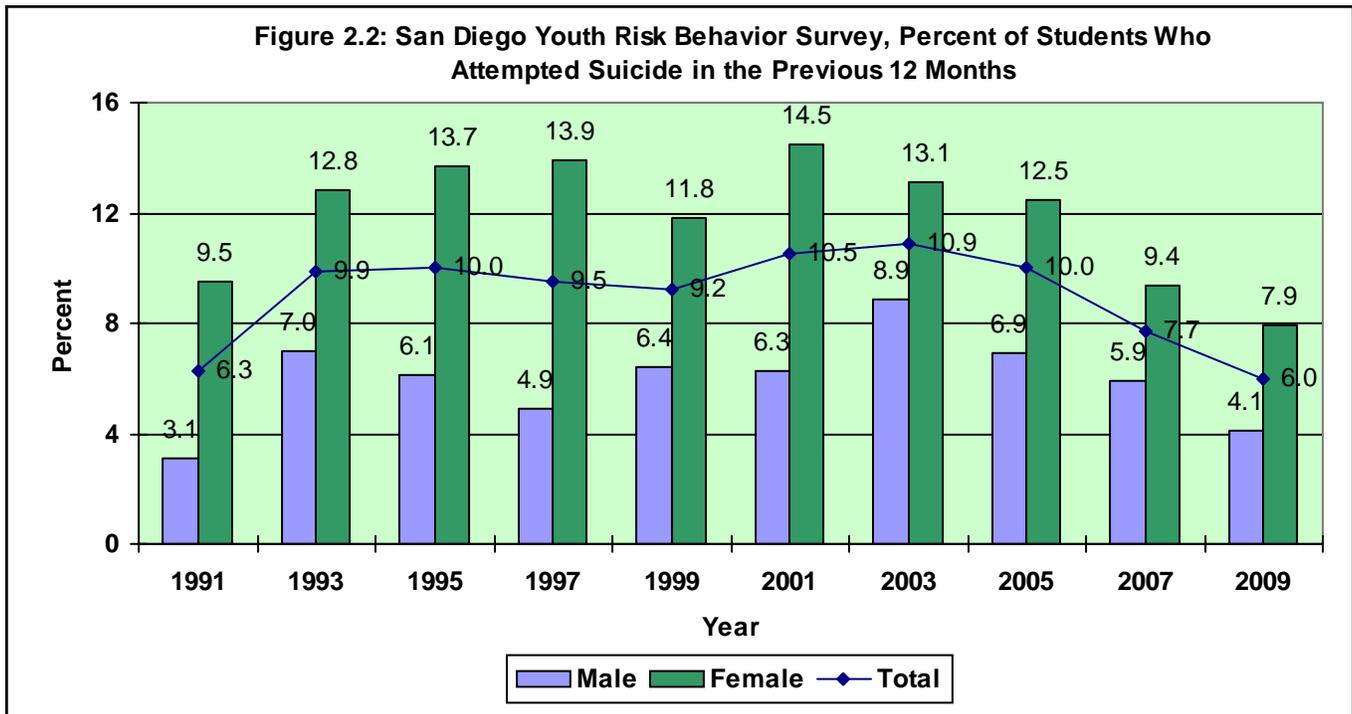
Youth Risk Behavior Survey

Examining data on suicide attempts may lead to important information on reducing the rate of suicide, particularly among youth. The Youth Risk Behavior Survey (YRBS), conducted by the Centers for Disease Control and Prevention (CDC), measures behaviors that put teens at risk, including suicide attempts. San Diego City Schools participate in this voluntary survey, which is given every two years to students in grades 9-12.

In the spring 2009 YRBS, 6.0% of students surveyed from San Diego City Schools reported attempting suicide at least once during the previous 12 months. This percentage has ranged from 6.3% in the 1991 survey to a high of 10.9% according to the 2003 survey. Girls consistently reported having attempted suicide more often than

boys, with a positive response rate as high as 14.5% in the 2001 survey. Nationally, 6.3% of all students surveyed in 2009 reported a suicide attempt during the previous 12 months.

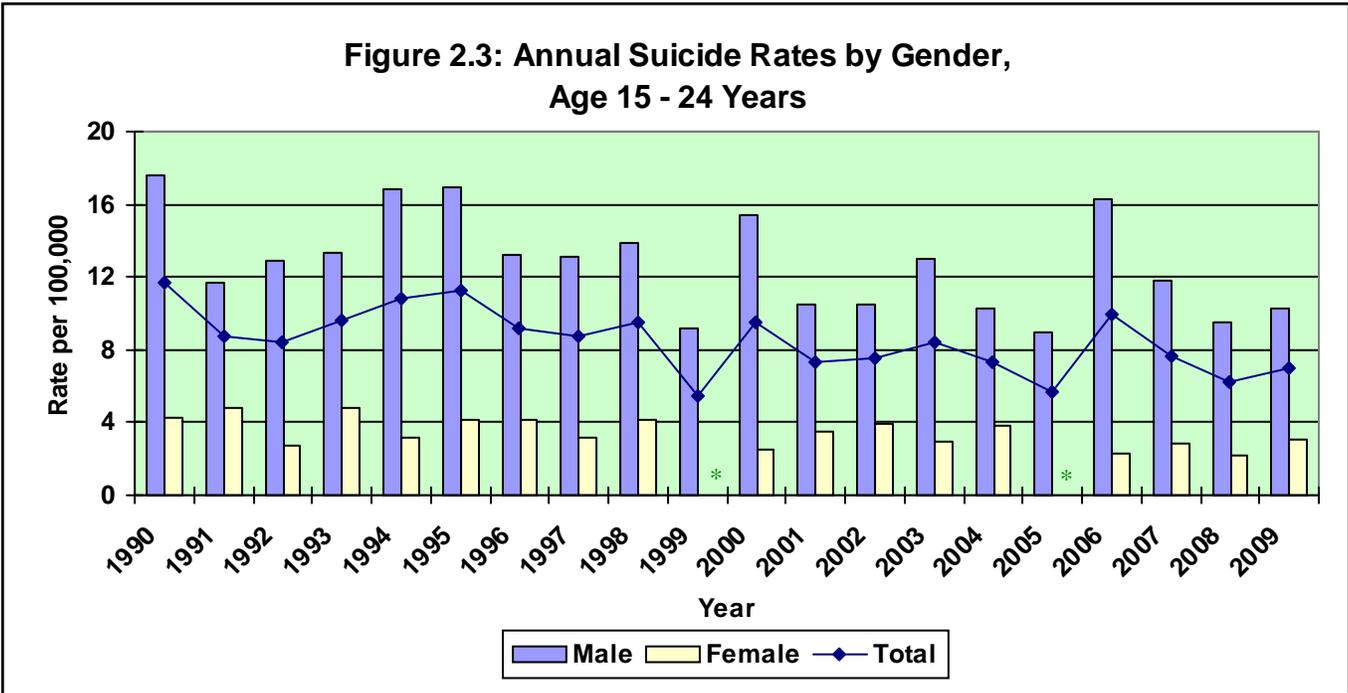
In the spring 2009, six percent of students surveyed from San Diego City Schools reported attempting suicide at least once during the previous 12 months.



Source: 2009 Youth Risk Behavior Survey Results, San Diego High School Survey Summary
 Accessed online at <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx> (last accessed: 10/6/2010)

Annual Rates

The annual suicide rate among young people in San Diego County averaged 7.6 per 100,000 from 2000 through 2009. The overall trend has been downward, dropping 18% from the average rate from 1990 through 1999 (9.3 per 100,000).



Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner Database, 1990 - 2009

*Rates not calculated for fewer than five incidents or when the denominator is unknown

Table 2.1: Annual Suicide Number and Rate, Age 15 – 24 Years						
Year	Male		Female		Total	
	Number	Rate [†]	Number	Rate	Number	Rate
2000	36	15.41	5	2.53	41	9.52
2001	25	10.47	7	3.48	32	7.28
2002	26	10.51	8	3.92	34	7.54
2003	33	12.96	6	2.88	39	8.43
2004	26	10.33	8	3.76	34	7.32
2005	23	8.99	4	*	27	5.72
2006	41	15.92	5	2.32	46	9.72
2007	30	11.83	6	2.79	36	7.68
2008	25	9.51	5	2.24	30	6.17
2009	27	10.30	7	3.08	34	6.95
Total	292	11.60	61	2.88	353	7.61

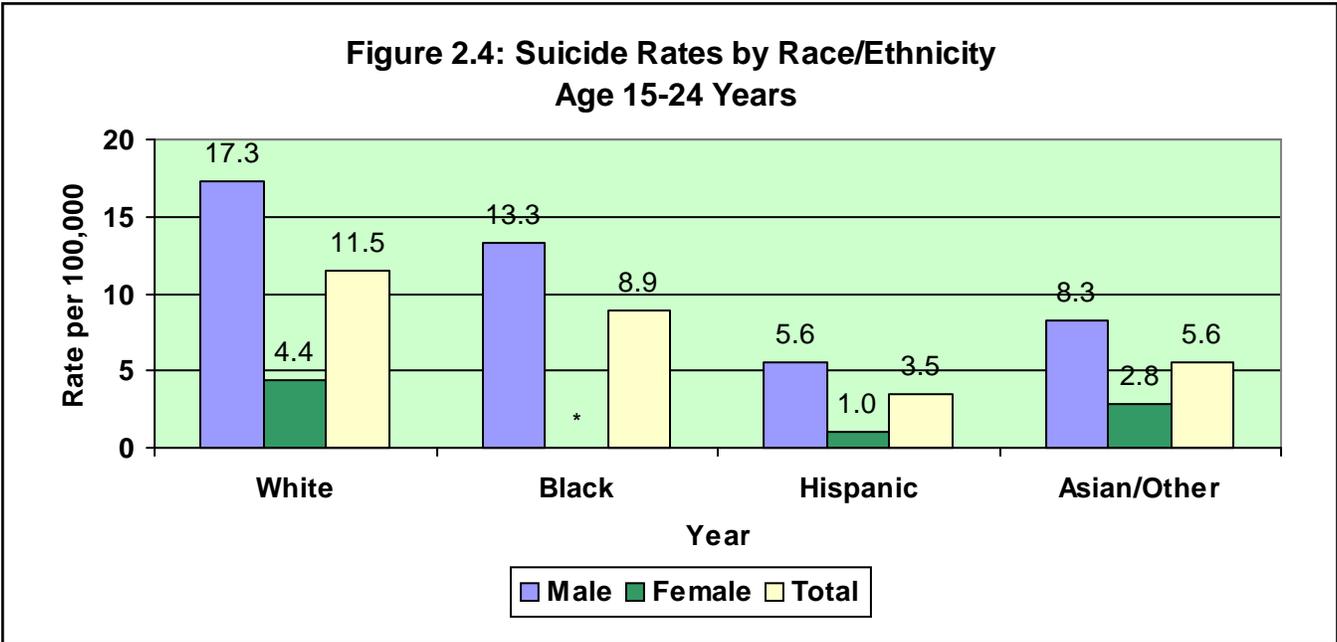
[†]Rate per 100,000

Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2009

*Rates not calculated for fewer than five incidents or when the denominator is unknown.

Race/Ethnicity

Unlike all ages combined, in which the suicide rate among whites was more than double that of any other ethnic group, suicide rates in the 15 to 24-year age range were much more even across race/ethnic groups. Suicide among San Diego County’s young people is highest among white and black males, followed by Asian/other males and Hispanic males.



Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner Database, 2000 – 2009

*Rates not calculated for fewer than five incidents.

**Table 2.2: Suicides by Race/Ethnicity and Gender,
Age 15-24 Years**

Race/ Ethnicity	Male		Female		Total	
	Number	Rate [†]	Number	Rate	Number	Rate
White	191	17.30	40	4.43	231	11.50
Black	22	13.34	4	*	26	8.91
Hispanic	50	5.59	8	1.05	58	3.50
Asian/Other	29	8.26	9	2.76	38	5.61
Total	292	11.61	61	2.88	353	7.61

[†]Rate per 100,000

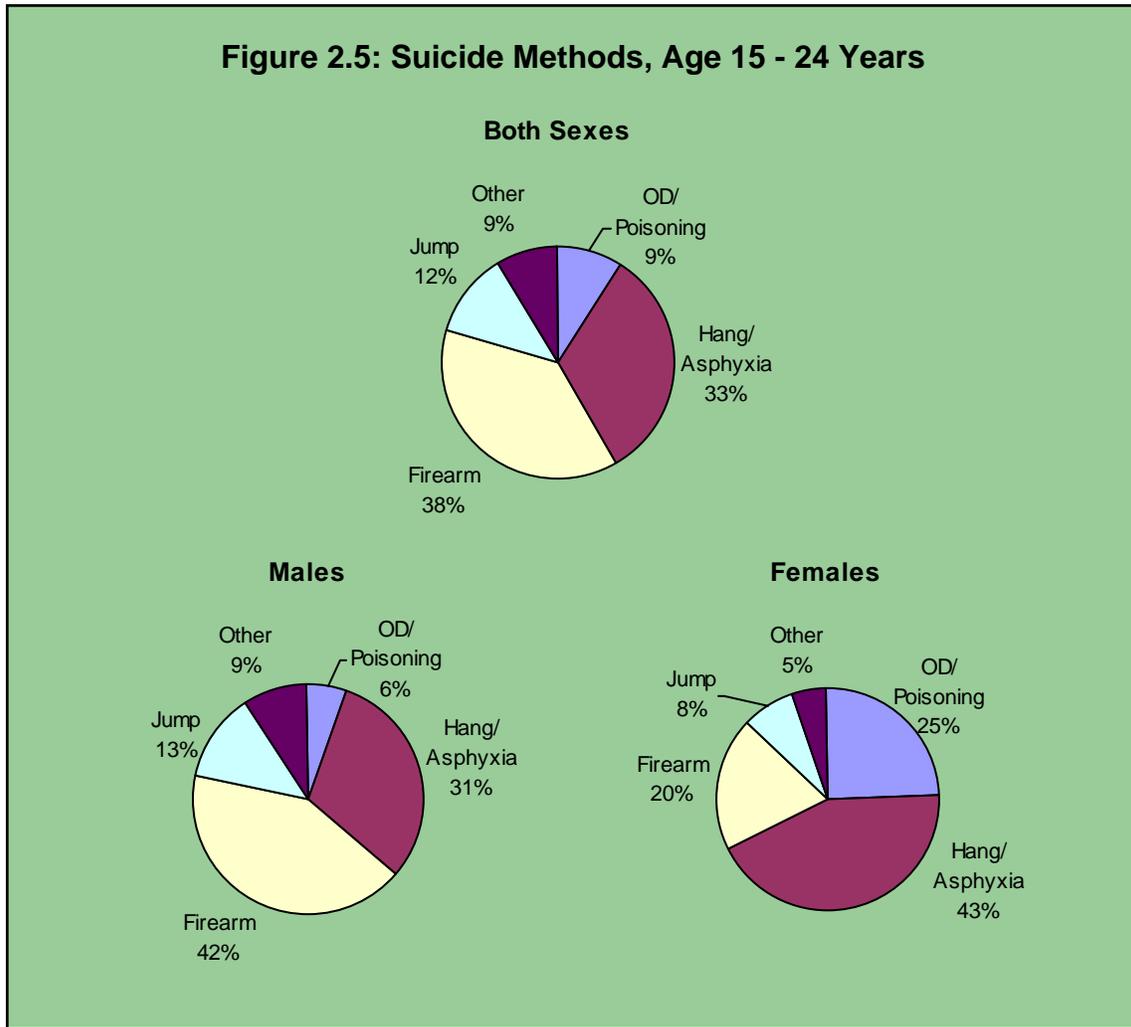
Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2009

*Rates not calculated for fewer than five incidents or when the denominator is unknown.

Suicide Methods

Firearms were the leading method of completed suicide among young people, accounting for 42% of suicides by males and 20% by females. Hanging and asphyxia made up an additional one-third of the suicides in this age group.

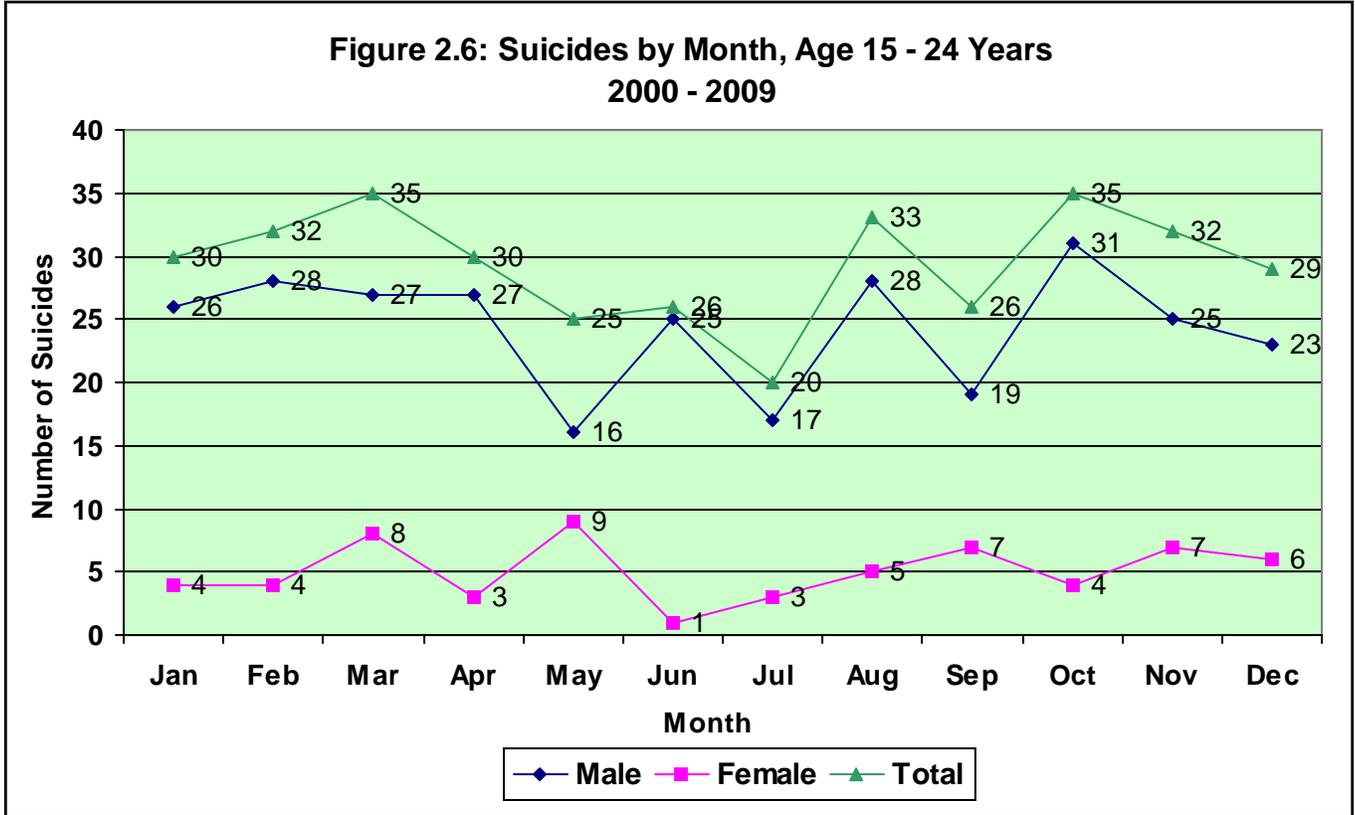
Figure 2.5: Suicide Methods, Age 15 - 24 Years



Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner's Database, 2000 - 2009

Month

The highest number of suicides among individuals aged 15 to 24 years occurred during the months of March and October, and the lowest number was in July.

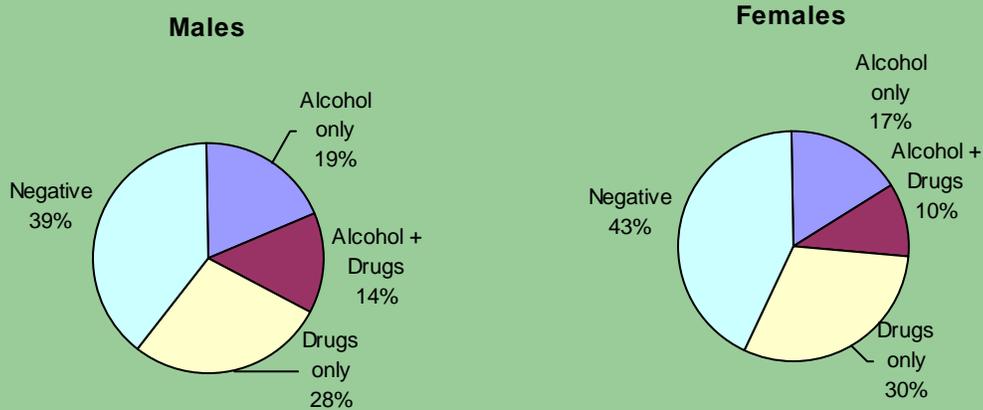


Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 - 2009

Toxicology by Gender

Positive toxicology results for alcohol and/or drugs of abuse were found in 61% of male and 57% of female suicide victims age 15 to 24. The actual number of individuals with any kind of drug in their systems may have been higher, since the screen for drugs of abuse does not include many prescription and over-the-counter drugs.

Figure 2.7: Toxicology Results for Alcohol and Drugs of Abuse by Gender, Age 15 – 24 Years, 2004 - 2009



Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2004 – 2009

Note: "Drugs of Abuse" includes methamphetamine, opiates, cocaine, cannabinoids, and benzodiazepines. This graph does not include antidepressants.

Geographic Distribution

The suicide rate was highest in the East Health Service Region (HSR). The lowest rate was observed in the South HSR, which covers the communities of Chula Vista, Sweetwater, and South Bay.

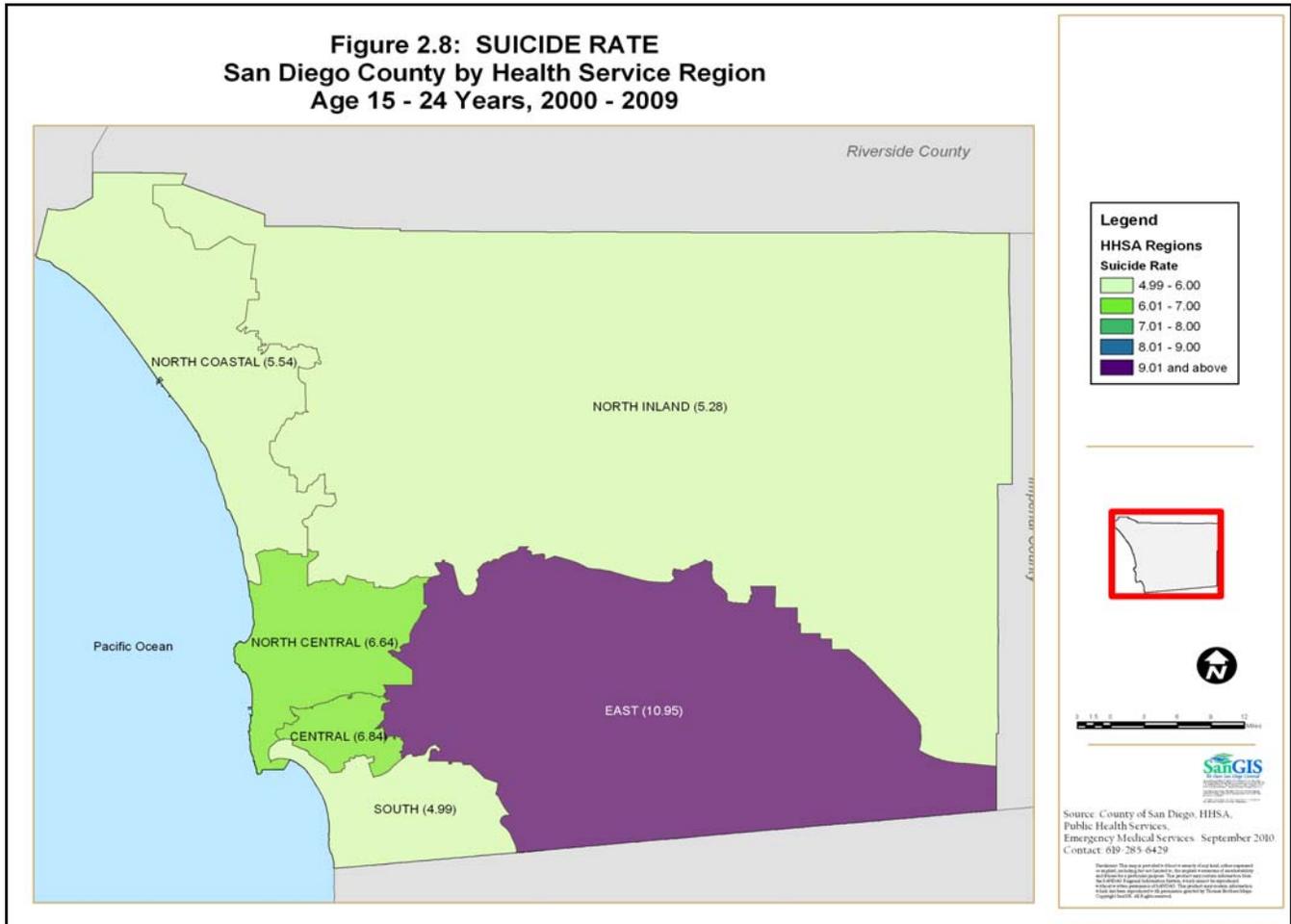


Table 2.3: Suicides by San Diego County Health Service Region, Age 15 – 24, 2000 - 2009

Health Service Region	Number	Rate [†]
North Coastal	47	5.54
North Central	54	6.64
Central	55	6.84
South	36	4.99
East	73	10.95
North Inland	44	5.28
Unknown	44	*
Total	353	7.53

[†]Rate per 100,000

*Rates not calculated for fewer than five incidents or when denominator is unknown.

Source: County of San Diego Health and Human Services Agency, Emergency Medical

Suicide

in San Diego County

2000-2009

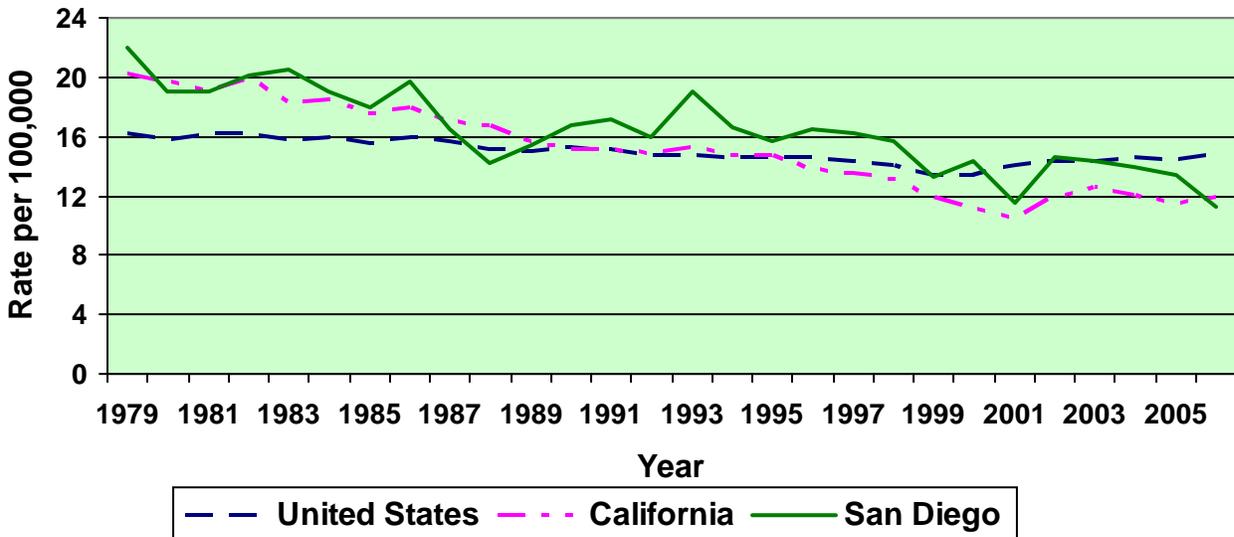
Section 3 Working-Aged Adults



Comparison with California and the United States

Suicide rates in working-aged adults (25-64 years) over the past two decades have seen an overall decline, but remain at levels that are unfortunately too high. The suicide rate among 25 to 64 year olds in the nation overall has remained relatively stable over time, with the rate in 2006 (14.8 per 100,000) 8.6% lower than the 1979 rate. California and San Diego County have experienced much more dramatic declines over this time period, with California's rate dropping by 41% and the 2006 rate for San Diego County 49% lower than the rate in 1979.

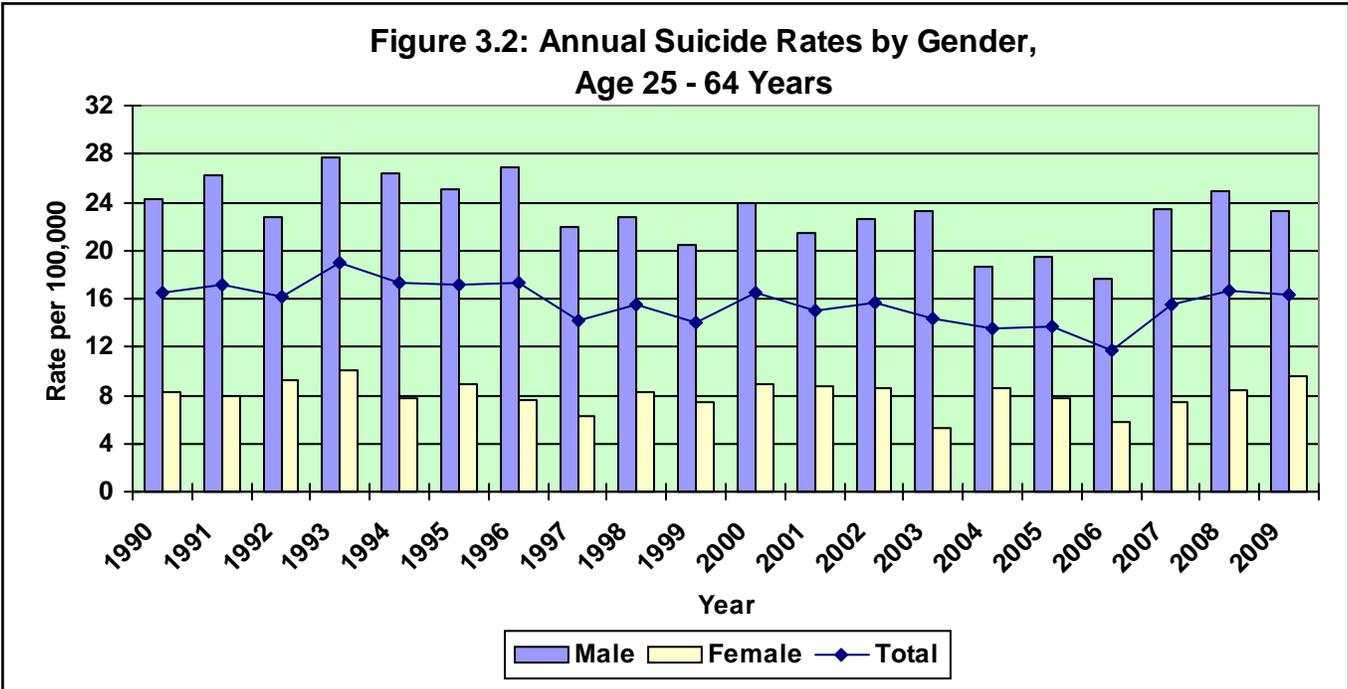
**Figure 3.1: Suicide Rates: Age 25-64 Years,
San Diego, California, and the U.S.
1979 - 2006**



Source: CDC Wonder Compressed Mortality Database, 1979 - 2006

Annual Rates

The suicide rate among working-aged adults in San Diego County averaged 14.9 per 100,000 during the 10-year period from 2000 through 2009. This age group saw a large (29%) decline from 2000 (16.5 per 100,000) to 2006 (11.7 per 100,000); unfortunately, the suicide rate increased following this trough and returned to 16.5 per 100,000 by 2008.



Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner Database, 1990 - 2009

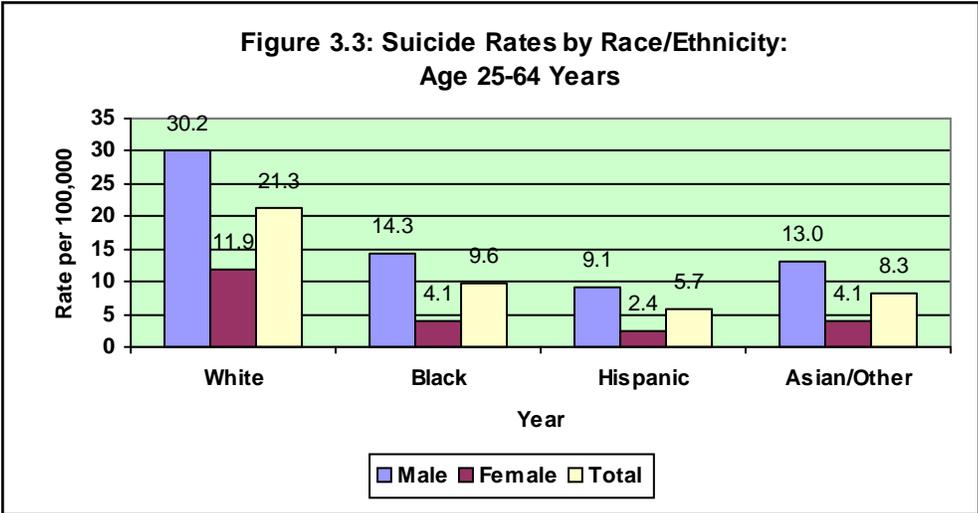
Year	Male		Female		Total	
	Number	Rate [†]	Number	Rate	Number	Rate
2000	176	23.94	64	8.85	240	16.46
2001	160	21.41	64	8.67	224	15.08
2002	173	22.61	65	8.63	238	15.67
2003	182	23.24	41	5.32	223	14.36
2004	148	18.65	68	8.55	216	13.59
2005	156	19.45	63	7.82	219	13.62
2006	143	17.66	46	5.71	189	11.70
2007	192	23.42	60	7.38	252	15.43
2008	206	24.91	70	8.42	276	16.64
2009	196	23.31	80	9.58	276	16.47
Total	1732	21.86	621	7.89	2353	14.90

[†]Rate per 100,000

Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2009

Race/Ethnicity

The suicide rate among working-aged adults was highest in whites, with white males having the highest risk of any race/gender combination. Males were substantially more at risk of committing suicide among all racial/ethnic groups.



The suicide rate among working-aged adults was highest in whites.

Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner Database, 2000 - 2009
 Note: Race/ethnicity unknown for 10 cases.

**Table 3.2: Suicides by Race/Ethnicity and Gender,
Age 25-64 Years**

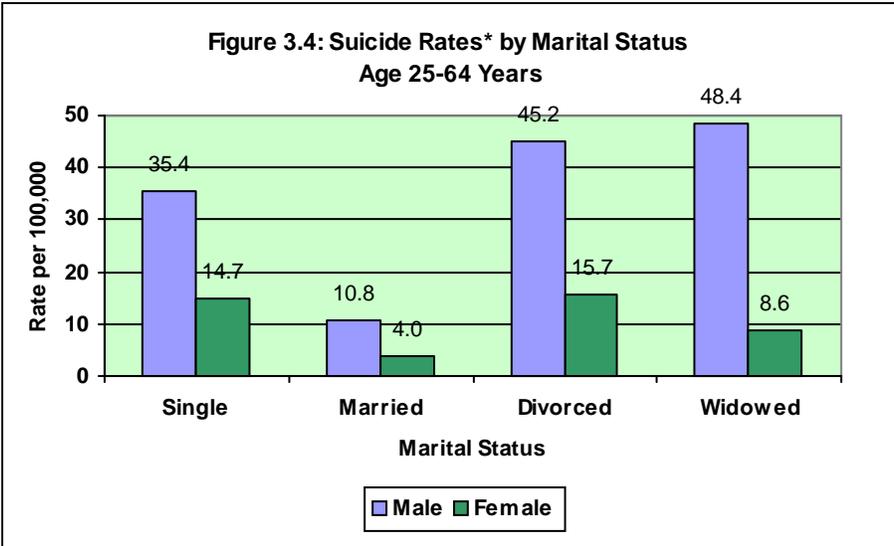
Race/ Ethnicity	Male		Female		Total	
	Number	Rate [†]	Number	Rate	Number	Rate
White	1345	30.18	504	11.90	1849	21.27
Black	64	14.35	16	4.11	80	9.58
Hispanic	183	9.16	51	2.45	234	5.74
Asian/Other	133	12.96	48	4.14	181	8.28
Unknown	7	*	2	*	9	*
Total	1732	21.85	621	7.90	2353	14.90

White males have the highest risk of any race/gender combination.

[†]Rate per 100,000
 *Rates not calculated for fewer than five incidents or when denominator is unknown.
 Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 - 2009

Marital Status

Among working-aged adults (25-64), marital status has a strong association with suicide risk. Those who were divorced, widowed, or single had a higher risk of suicide than those who were married. For example, a divorced male in this age group was more than four times more likely to commit suicide than a married male.



A divorced male in this age group was more than four times more likely to commit suicide than a married male.

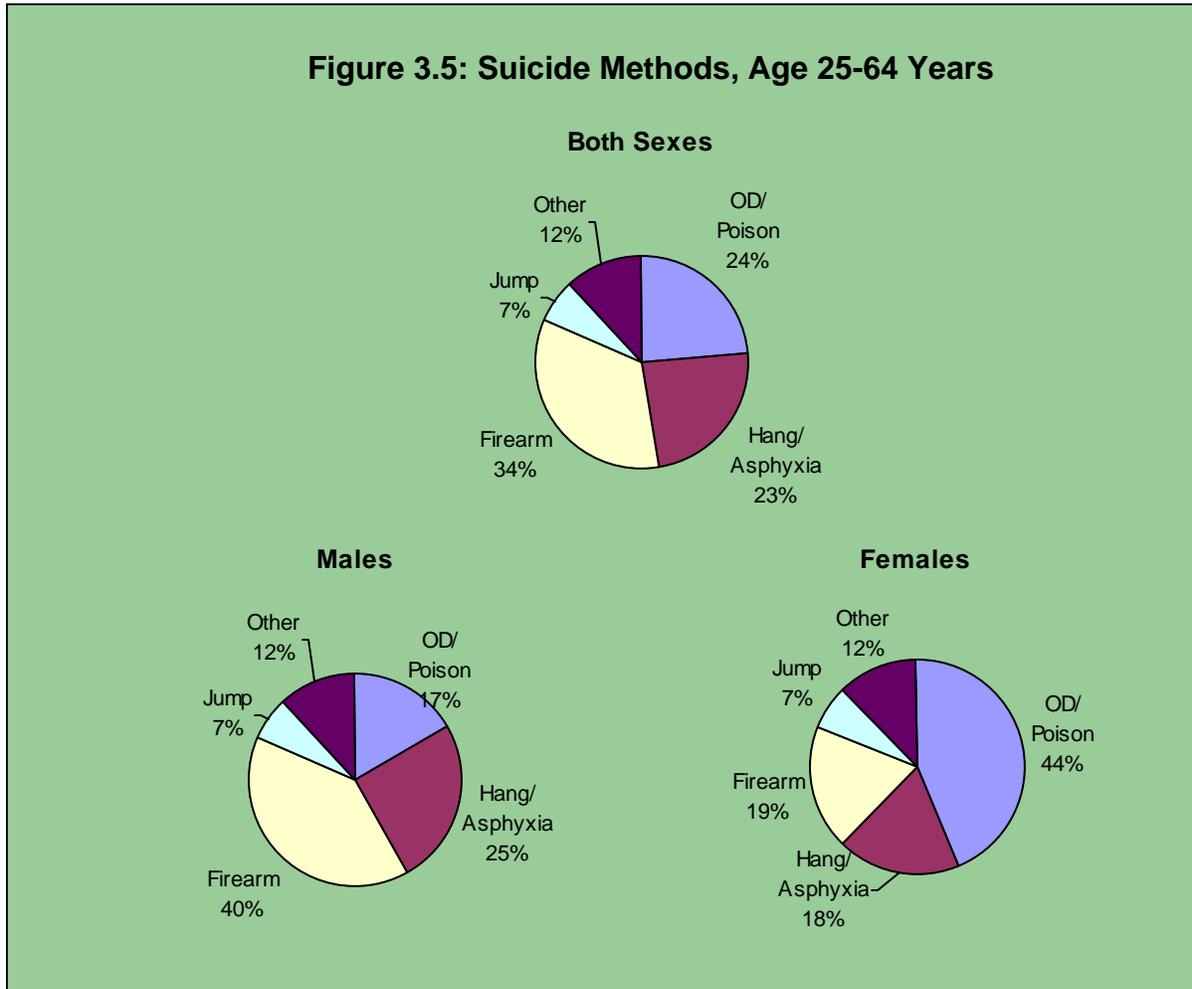
*Estimated rates per 100,000, based on 2000 US Census marital status distribution
 Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner Database, 2000 – 2009
 Note: Marital status unknown for 97 cases.

Table 3.3: Suicides by Marital Status and Gender, Age 25-64 Years						
Marital Status	Male		Female		Total	
	Number	Rate [†]	Number	Rate	Number	Rate
Single	688	35.43	186	14.69	874	27.25
Married	548	10.81	209	4.05	757	7.40
Divorced	389	45.16	189	15.70	578	27.98
Widowed	27	48.41	20	8.56	47	16.24
Unknown	80	*	17	*	97	*
Total	1732	21.85	621	7.90	2353	14.90

[†]Rate per 100,000
 *Rates not calculated for fewer than five incidents or when the denominator is unknown.
 Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 - 2009

Suicide Methods

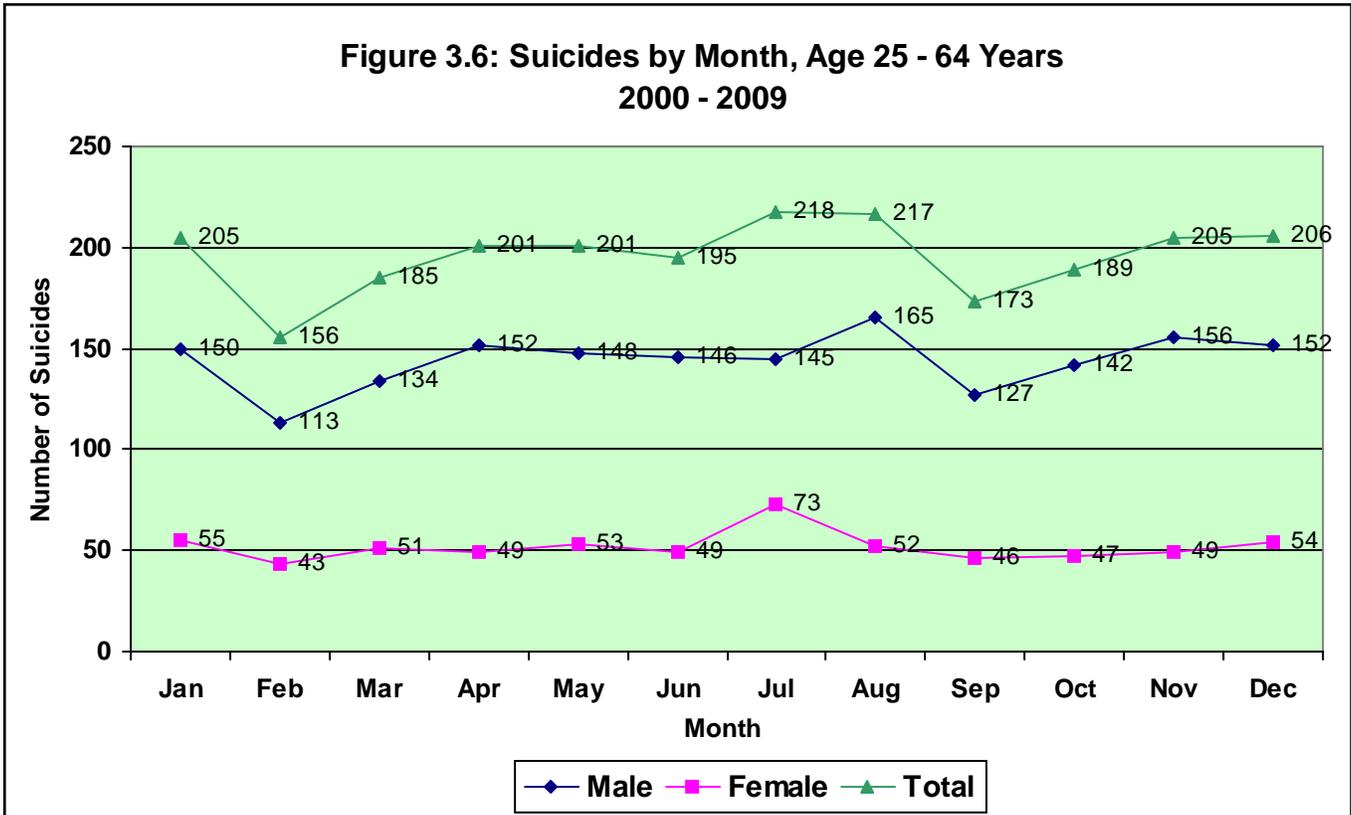
Firearms were by far the leading method of suicide among working-aged males, accounting for 40%. Among working-aged females, 19% of suicides were attributed to firearms, with 44% dying from overdoses of drugs or poisons.



Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner's Database, 2000 - 2009

Month

For the working-aged population, San Diego County does not show a strong seasonal trend in suicides, although the average number per day appears to increase in the springtime and reaches its maximum point during the summer months of July and August. February and September had the fewest suicides overall.

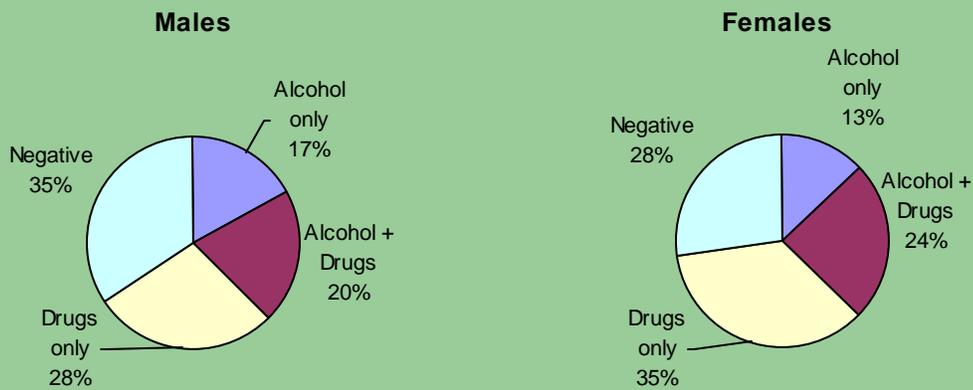


Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 - 2009

Toxicology by Gender

Positive toxicology results for alcohol and/or drugs of abuse were found in 65% of male and 72% of female suicide victims age 25 to 64. The actual number of individuals with any kind of drug in their systems may have been higher, since the screen for drugs of abuse does not include many prescription and over-the-counter drugs.

Figure 3.7: Toxicology Results for Alcohol and Drugs of Abuse by Gender, Age 25 – 64 Years, 2004 - 2009



Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2004 – 2009

Note: "Drugs of Abuse" includes methamphetamine, opiates, cocaine, cannabinoids, and benzodiazepines. This graph does not include antidepressants.

Geographic Distribution

Among working-aged adults, the suicide rate was highest in the Central and East Health Service Regions (HSR). The lowest rate was observed in the South region.

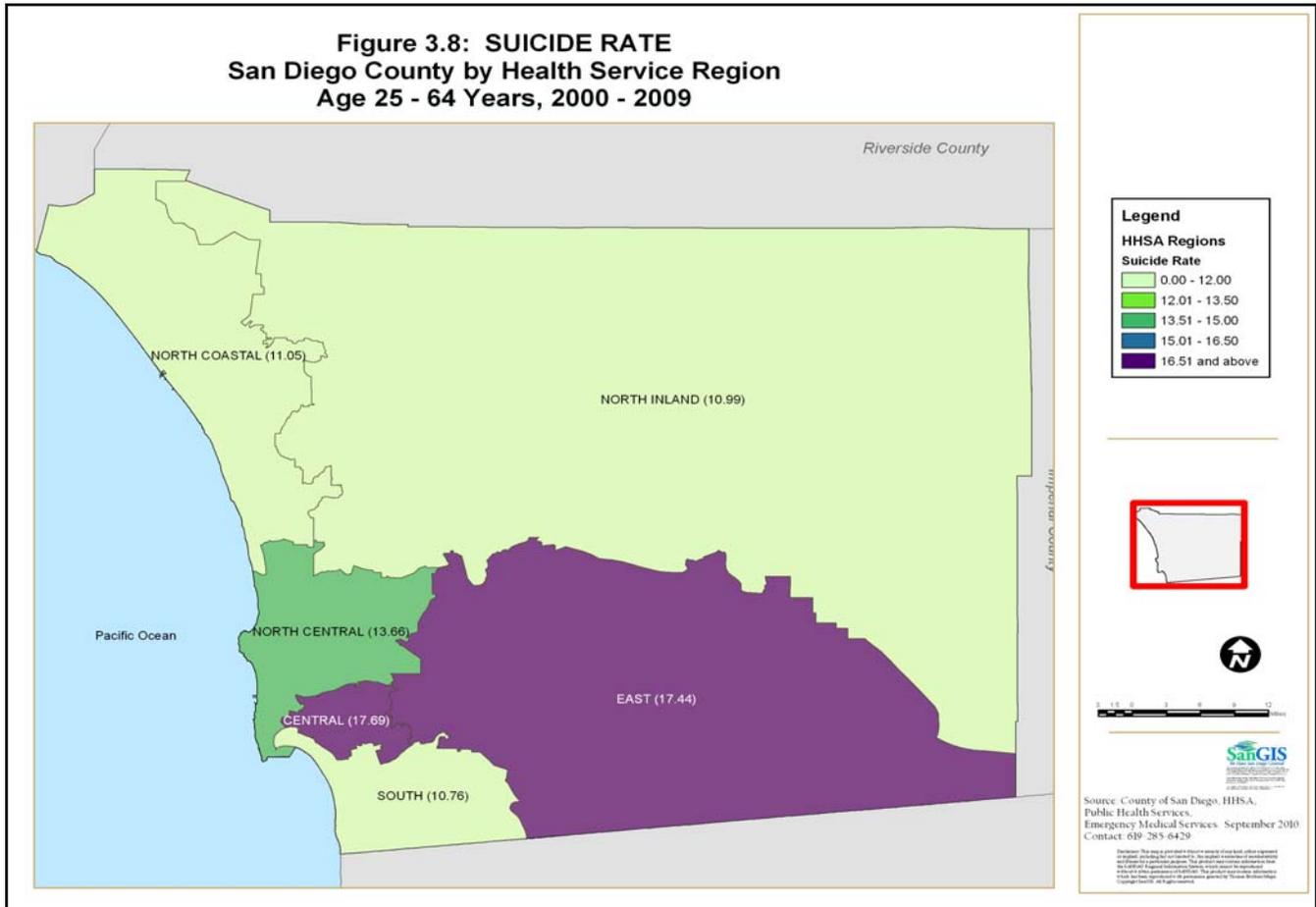


Table 3.4: Suicides by San Diego County Health Service Region, Age 25 – 64, 2000 - 2009

Health Service Region	Number	Rate [†]
North Coastal	282	11.05
North Central	439	13.66
Central	451	17.69
South	233	10.76
East	423	17.44
North Inland	322	10.99
Unknown	203	*
Total	2353	14.86

[†]Rate per 100,000

*Rates not calculated for fewer than five incidents or when the denominator is unknown.

Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 - 2009

Suicide

in San Diego County

2000-2009

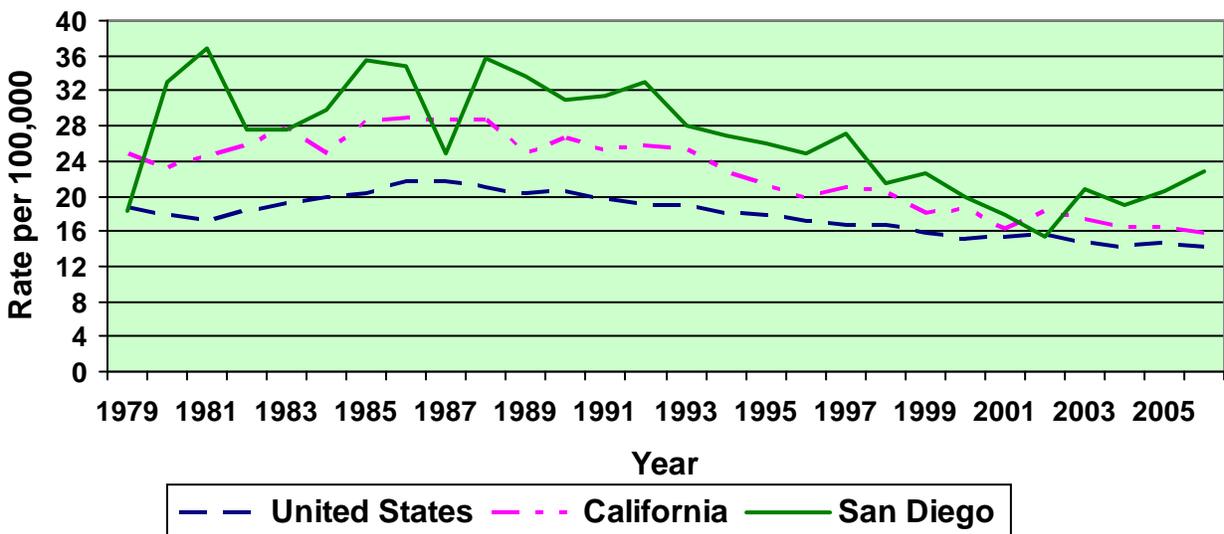
Section 4 Older Adults



Comparison with California and the United States

According to data from the Centers for Disease Control and Prevention (CDC),¹ the suicide rate among older adults has been generally higher in San Diego County than in either California or the United States overall since 1979. The average rate among older adults in San Diego County during this time period was 26.6 per 100,000, compared to 22.7 for California and 17.9 for the United States.

Figure 4.1: Suicide Rates: Age 65 Years and Older, San Diego, California, and the U.S. 1979 - 2006

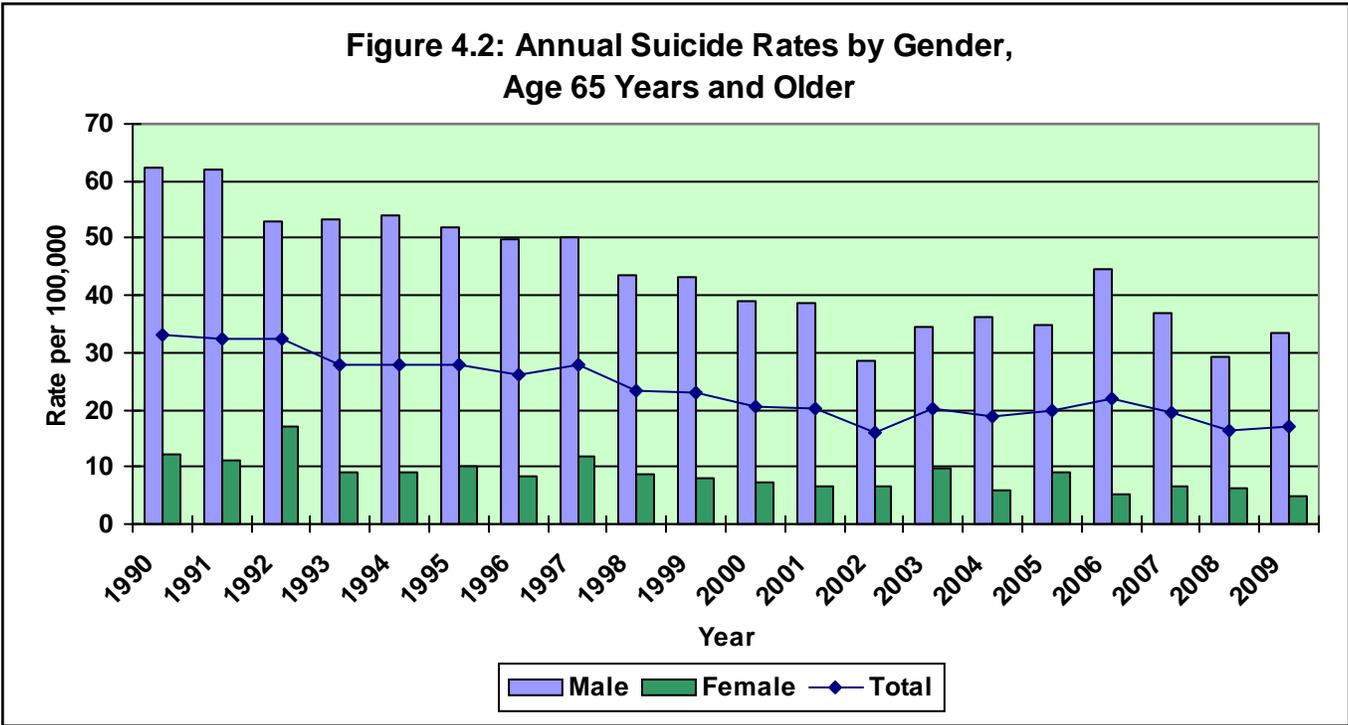


Source: CDC Wonder Compressed Mortality Database

¹www.cdc.gov

Annual Rates

The suicide rate among older adults averaged 19.1 per 100,000 during the 10-year period from 2000 through 2009. This represented a 32% decline from the previous decade, when the suicide rate for older adults averaged 28.1 per 100,000 per year.



Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner Database, 1990 - 2009

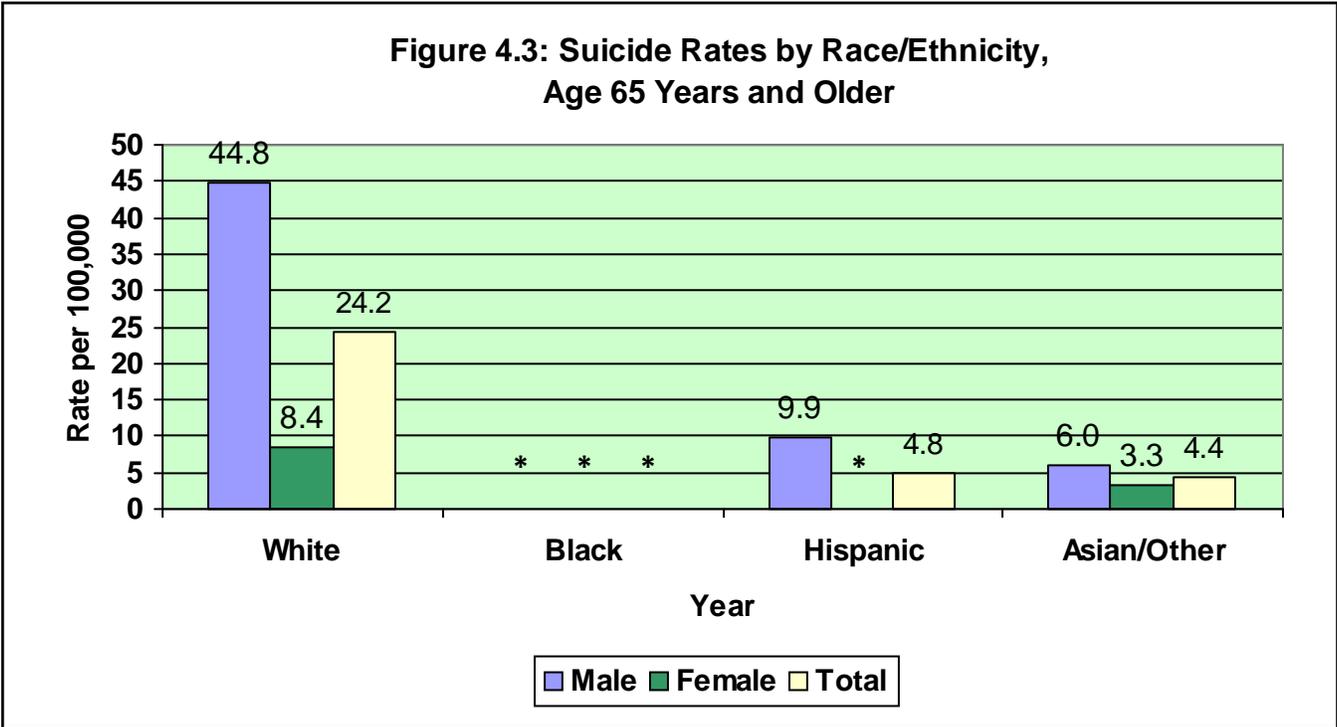
Table 4.1: Annual Suicide Number and Rate, Age 65 Years and Older						
Year	Male		Female		Total	
	Number	Rate [†]	Number	Rate	Number	Rate
2000	52	39.04	13	7.20	65	20.72
2001	52	38.48	12	6.58	64	20.16
2002	39	28.44	12	6.52	51	15.88
2003	48	34.43	18	9.67	66	20.27
2004	51	36.23	11	5.86	62	18.87
2005	50	34.85	17	8.89	67	20.01
2006	65	44.47	10	5.16	75	22.07
2007	56	36.99	13	6.50	69	19.64
2008	45	29.28	13	6.44	58	16.31
2009	54	34.10	10	4.82	64	17.49
Total	512	35.59	129	6.74	641	19.11

[†]Rate per 100,000

Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2009

Race/Ethnicity

Suicide among older adults in San Diego County is largely a white male phenomenon. Almost 80% of suicides in this age group were male, and 93% were white.



Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner Database, 2000 – 2009

*Rates not calculated for fewer than five incidents.

Table 4.2: Suicides by Race/Ethnicity and Gender, Age 65 Years and Older

Race/Ethnicity	Male		Female		Totals	
	Number [†]	Rate	Number	Rate	Number	Rate
White	480	44.78	117	8.38	597	24.20
Black	3	*	1	*	4	*
Hispanic	17	9.88	3	*	20	4.77
Asian/Other	9	6.02	7	3.26	16	4.39
Unknown	3	*	1	*	4	*
Total	512	35.59	129	6.73	641	19.11

[†]Rate per 100,000

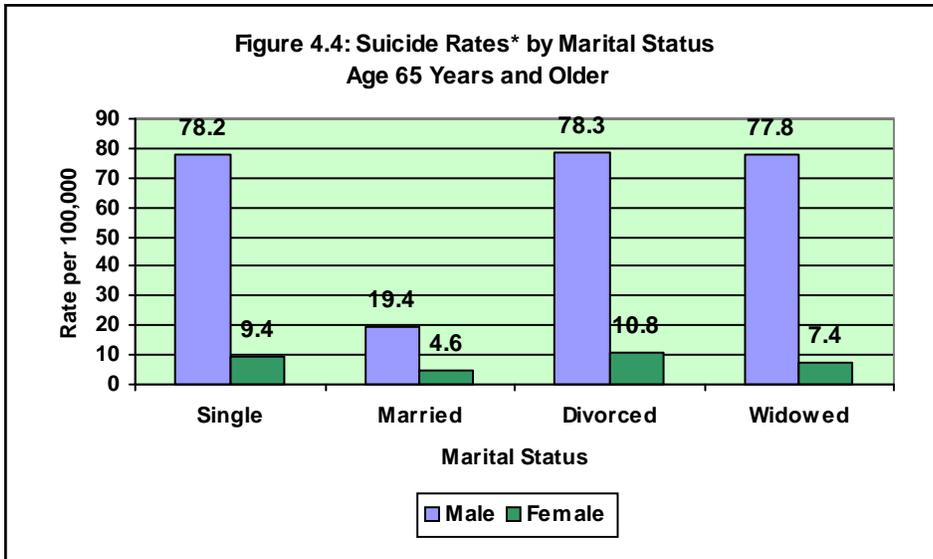
Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2009

*Rates not calculated for fewer than five incidents or when the denominator is unknown.

Almost 80% of suicides of older adults were male, and 93% were white.

Marital Status

Among older adults (65 and up), those who were divorced, widowed, or single had a dramatically higher risk of suicide than those who were married. Unmarried men in this age group were four times more likely to commit suicide than married men, and unmarried women were nearly twice as likely to die from suicide as married women. Note that this is in addition to an already high rate of suicide in this age group.



*Estimated rates per 100,000, based on 2000 US Census marital status distribution
Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner Database, 2000 - 2009
Note: Marital status unknown for 23 cases.

Older adults who were divorced, widowed, or single had a dramatically higher risk of suicide than those who were married.

**Table 4.3: Suicides by Marital Status and Gender
Age 65 Years and Older**

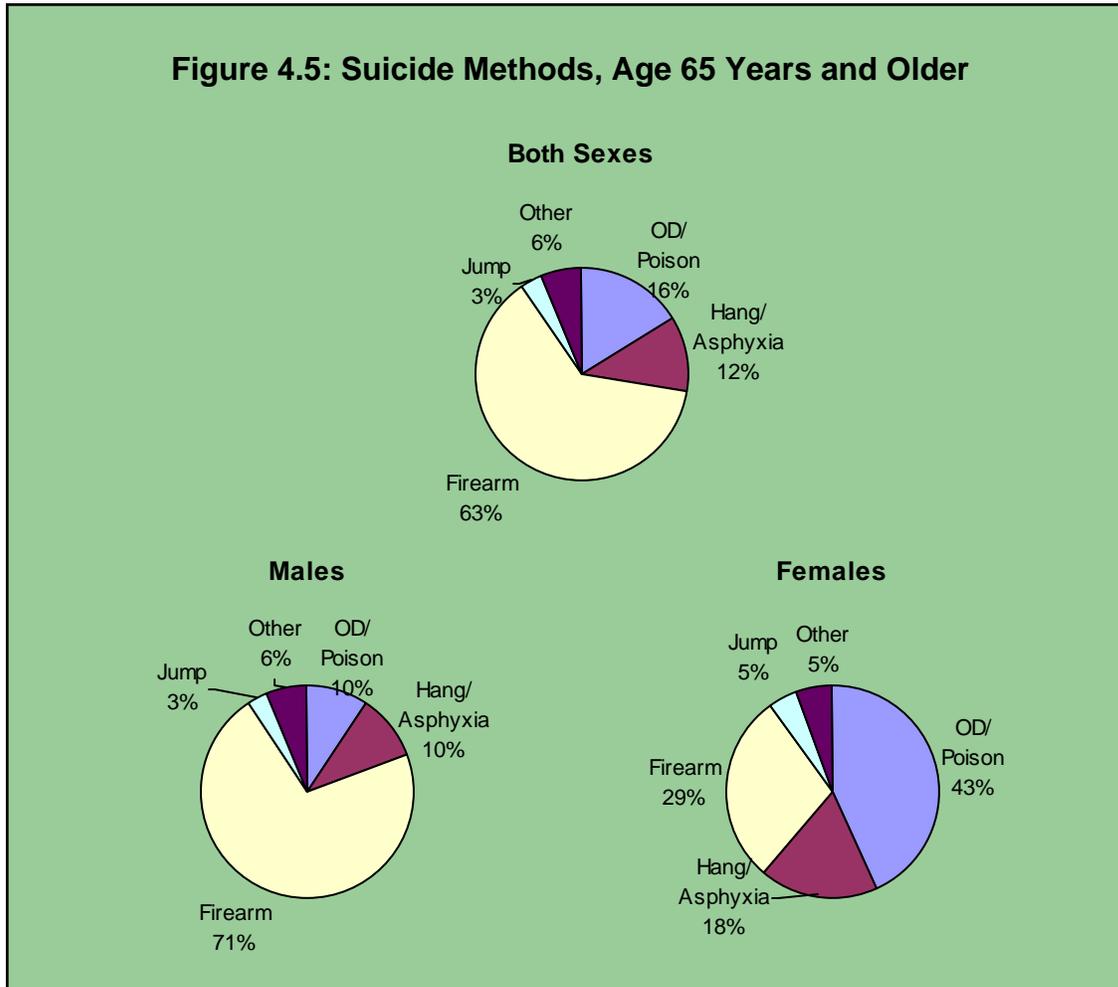
Marital Status	Male		Female		Total	
	Number	Rate [†]	Number	Rate	Number	Rate
Single	52	78.19	6	9.40	58	44.50
Married	208	19.35	40	4.59	248	12.74
Divorced	91	78.30	23	10.83	114	34.69
Widowed	141	77.84	57	7.43	198	20.87
Unknown	20	*	3	*	23	*
Total	512	35.59	129	6.73	641	19.11

[†]Estimated rates per 100,000, based on 2000 US Census marital status distribution
*Rates not calculated for fewer than five incidents or when the denominator is unknown.
Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2009

Suicide Methods

Firearms again were by far the leading method of completed suicide among older adult men, accounting for 71%. Among older women, however, only 29% were attributed to firearms, with 43% dying from overdose.

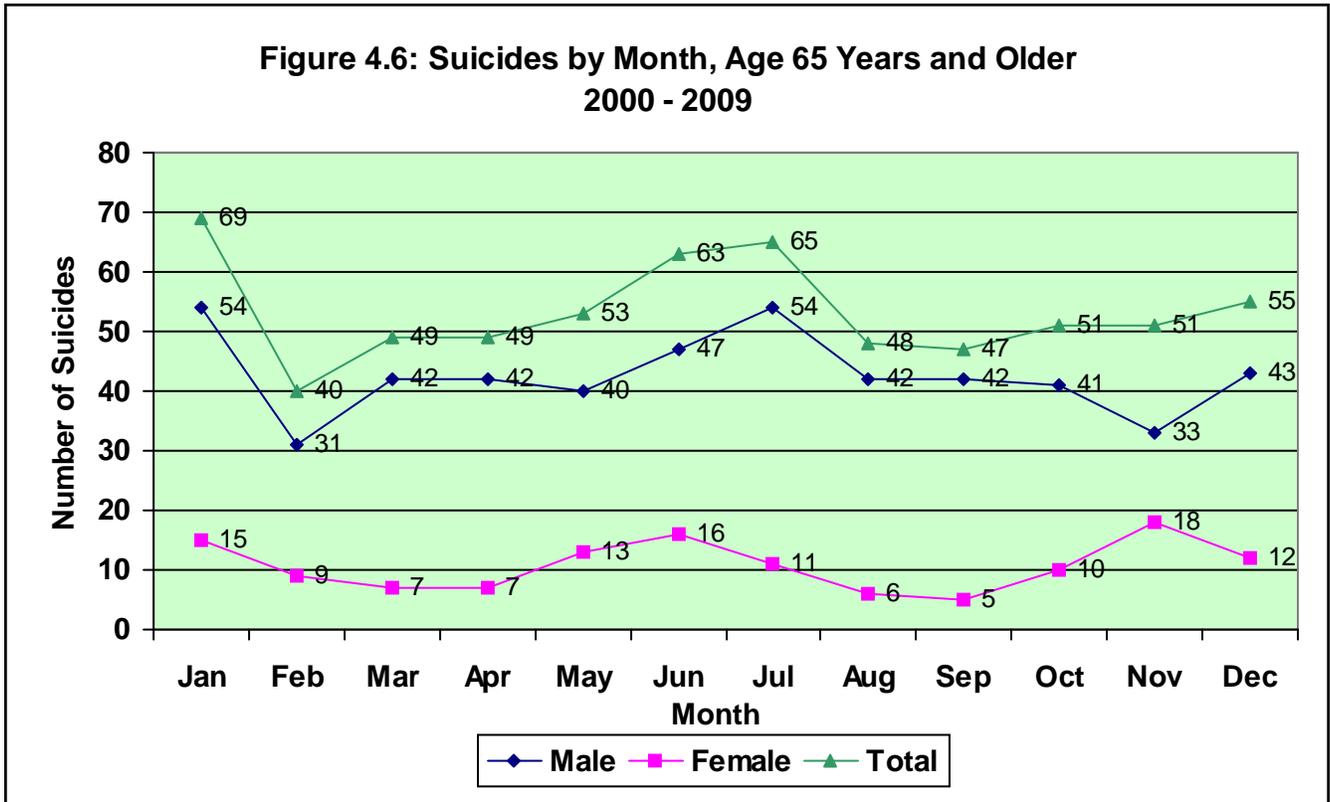
Figure 4.5: Suicide Methods, Age 65 Years and Older



Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, Medical Examiner's Database, 2000 - 2009

Month

January had the highest number of suicides per month among older adults, while February had the fewest over the time period from 2000 through 2009.

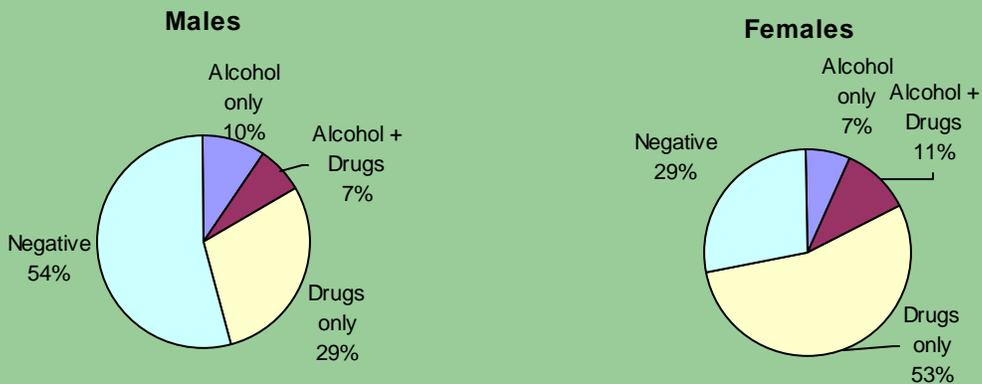


Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 - 2009

Toxicology by Gender

Positive toxicology results for alcohol and/or drugs of abuse were found in 46% of male and 71% of female suicide victims age 65 and older. The actual number of individuals with any kind of drug in their systems may have been higher, since the screen for drugs of abuse does not include many prescription and over-the-counter drugs.

Figure 4.7: Toxicology Results for Alcohol and Drugs of Abuse by Gender, Age 65 Years and Older, 2004 - 2009

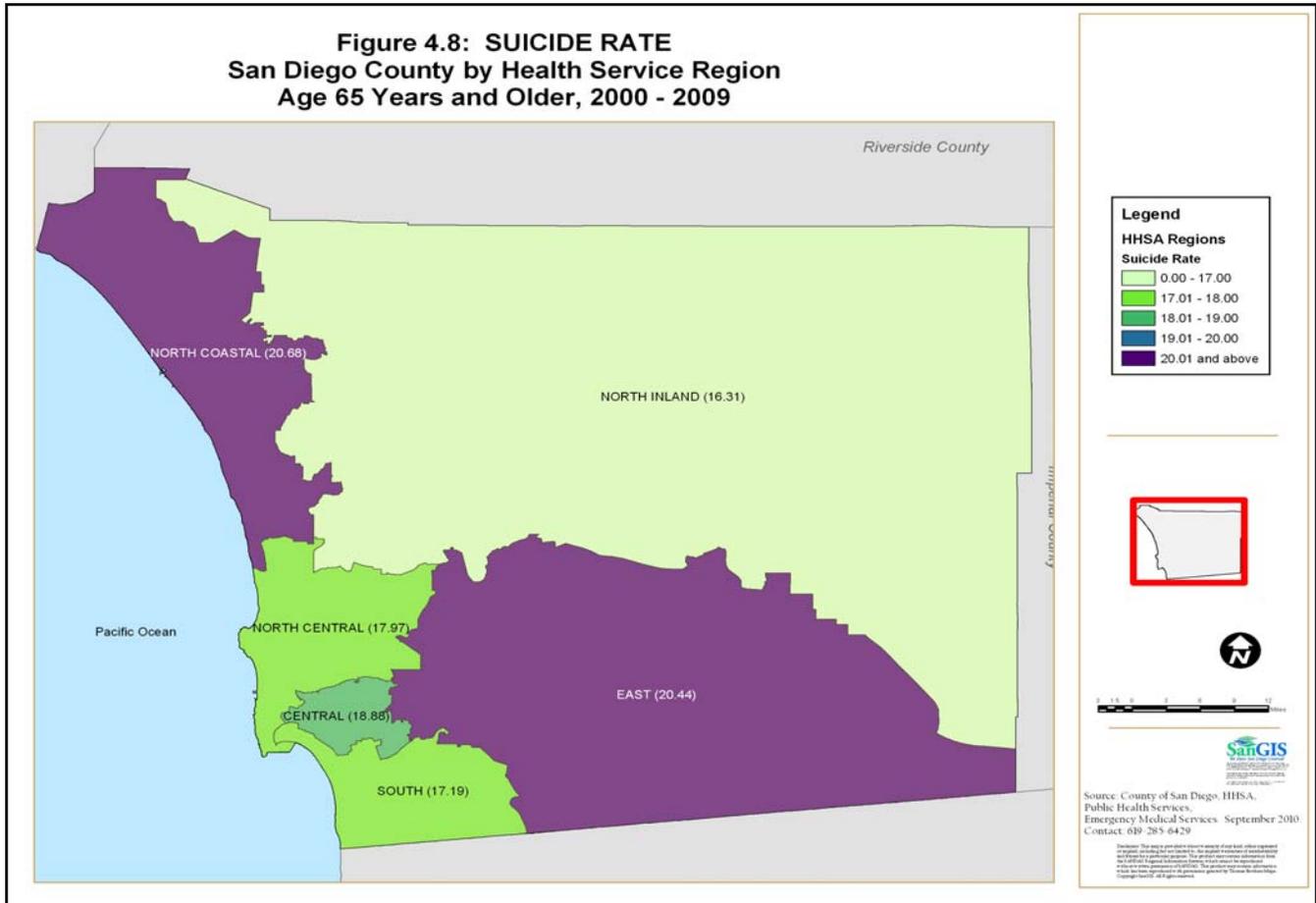


Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2004 – 2009

Note: "Drugs of Abuse" includes methamphetamine, opiates, cocaine, cannabinoids, and benzodiazepines. This graph does not include antidepressants.

Geographic Distribution

The suicide rate among older adults was highest in the North Coastal Health Service Region (HSR), which includes Carlsbad, Oceanside, Pendleton, and San Dieguito. The lowest rate was observed in the North Inland HSR.



**Table 4.4: Suicides by San Diego County Health Service Region
Age 65 Years and Older, 2000 - 2009**

Health Service Region (HSR)	Number	Rate [†]
North Coastal	118	20.68
North Central	129	17.97
Central	77	18.88
South	77	17.19
East	109	20.44
North Inland	113	16.31
Unknown	18	*
Total	641	19.02

[†]Rate per 100,000

*Rates not calculated for fewer than five incidents or when the denominator is unknown.

Source: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 - 2009

Suicide

in San Diego County

2000-2009

Section 4 Suicide Prevention Resources



Suicide Prevention Resources

Suicide and Crisis Hotlines Toll-Free/24hours/7 days a week

- **San Diego County-OptumHealth-Access and Crisis Line**
Spanish speaking counselors are available most hours, and interpretation is accessible in over 140 languages through language interpretation services 24/7.
1-800-479-3339
(619) 641-6992 TDD (for hearing impaired)
- **USA National Suicide Hotlines**
1-800-SUICIDE (1-800-784-2433)
1-800-273 TALK (1-800-273-8255)
1-877-SUICIDA (1-877-784-2432) (Spanish speakers available)
1-866-4-U-TREVOR (1-866-488-7386) (For gay and questioning youth)



Additional References and Resources

CDC Fact Sheets

- **Understanding Suicide Fact Sheet**
The CDC's 2-page fact sheet is intended for the general public and provides a basic overview of suicide.
<http://www.cdc.gov/ncipc/pub-res/Suicide%20Fact%20Sheet.pdf>
- **Suicide: Facts at a Glance**
This CDC fact sheet provides up-to-date data and statistics on suicide.
<http://www.cdc.gov/ncipc/dvp/Suicide/SuicideDataSheet.pdf>

Other Fact Sheets

- **Facts About Suicide (American Association of Suicidology)**
<http://suicidology.org/web/guest/stats-and-tools/fact-sheets>
- **Older Adults: Depression and Suicide Facts**
<http://www.nimh.nih.gov/publicat/elderlydepsuicide.cfm>
- **2006 Fact Sheet on Suicide: Adolescents and Young Adults**
<http://nahic.ucsf.edu/downloads/Suicide.pdf>
- **Mental Health Risk Factors Among LGBT Youth**
http://www.nami.org/TextTemplate.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=48112



Suicide Prevention Resources (continued)

Online Reports and Publications

- **California Strategic Plan for Suicide Prevention**
Recommendations of the Suicide Prevention Plan Advisory Committee to the California Department of Mental Health.
http://www.dmh.ca.gov/prop_63/MHSA/Prevention_and_Early_Intervention/docs/SuicidePreventionCommittee/FINAL_CalSPSP_V9.pdf
- **National Strategy for Suicide Prevention: Goals and Objectives for Action**
This U.S. Department of Health and Human Services document provides goals and objectives for a blueprint for the nation to take action to prevent suicide.
<http://www.samhsa.gov/prevention/suicide.aspx>
- **Reporting on Suicide: Recommendations for the Media**
Recommendations to improve the way suicide is covered in the media.
<http://www.sprc.org/library/sreporting.pdf>

Websites

- **American Association of Suicidology (AAS)**
<http://www.suicidology.org>
- **American Foundation for Suicide Prevention (AFSP)**
<http://www.afsp.org>
- **Community Health Improvement Partners (CHIP)**
www.sdchip.org
- **The Jed Foundation**
<http://www.jedfoundation.org>
- **National Alliance for the Mentally Ill (NAMI)**
<http://www.nami.org>
- **National Institute of Mental Health**
<http://www.nimh.nih.gov>
- **Mental Health America**
<http://www.nmha.org>



Suicide Prevention Resources (continued)

Websites (continued)

- **Health.mil Suicide prevention website (for military personnel or veterans)**
www.health.mil/Themes/Suicide_Prevention.aspx#services
- **Department of Veterans Affairs**
http://www.mentalhealth.va.gov/suicide_prevention/index.asp
- **Substance Abuse and Mental Health Services Administration**
www.samhsa.gov
- **Suicide Prevention Action Network USA (SPAN USA)**
<http://www.spanusa.org>
- **Suicide Prevention Resource Center (SPRC)**
<http://www.sprc.org>
- **Survivors of Suicide**
www.survivorsofsuicide.com
- **Survivors of Suicide Loss, San Diego**
www.soslsd.org
- **The Trevor Project (for gay and questioning youth)**
www.thetrevorproject.org
- **Yellow Ribbon International Suicide Prevention Program**
<http://www.yellowribbon.org>
- **Yellow Ribbon Suicide Prevention Program/Light for Life Foundation of Southern California**
www.yellowribbonsd.org





County of San Diego Board of Supervisors

Greg Cox—District 1
Dianne Jacob—District 2
Pam Slater-Price—District 3
Ron Roberts—District 4
Bill Horn—District 5

Chief Administrative Officer

Walter F. Ekard

Health and Human Services Agency Director

Nick Macchione, MS, MPH, FACHE

Public Health Officer

Wilma J. Wooten, MD, MPH

**County of San Diego
Health and Human Services Agency
Public Health Services
Epidemiology, Surveillance and
Community Health Statistics Unit**

**6255 Mission Gorge Road
San Diego, CA 92120**

**(619) 285-6479
www.SDHealthStatistics.com**